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FILED  
Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K38272** (6)  
1. Corporation Name  
**CRINER PETROLEUM AND WELL POINT SERVICE, INC.**



Principal Place of Business Mailing Address  
**G/O CATHERINE L. CRINER**  
**2010 WHITE AVE.**  
**ORLANDO FL 32806**  
**G/O CATHERINE L. CRINER**  
**2010 WHITE AVE.**  
**ORLANDO FL 32806-6459**

3. Date Incorporated or Qualified **10/12/1988** 3a. Date of Last Report **05/17/1996**  
4. FEI Number **59-2959106** Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional**  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be**  
Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**CRINER, CATHERINE L.**  
**2010 WHITE AVE**  
**ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRINER, CATHERINE L.	1.2 NAME	
STREET ADDRESS	2010 WHITE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRINER, CHARLES R.	2.2 NAME	
STREET ADDRESS	2010 WHITE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRINER, HELEN	3.2 NAME	
STREET ADDRESS	2010 WHITE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRINER, ROBERT W.	4.2 NAME	
STREET ADDRESS	2010 WHITE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRINER, JAMES E.	5.2 NAME	
STREET ADDRESS	7510 NARCOOSSEE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRINER, GEORGE P	6.2 NAME	
STREET ADDRESS	2000 WHITE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Catherine L. Criner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-97

Date

407 851 8825

Daytime Phone #