FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 3:17

DOCUMENT # L73459 (4)

1. Corporation Name
CRESTLINE PRODUCTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2100 C/O THOMAS W. CUNNINGHAM ORLANDO FL 32802-9100	P.O. BOX 2100 C/O THOMAS W. CUNNINGHAM ORLANDO FL 32802-9100

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/14/1990
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-3007248 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CUNNINGHAM, THOMAS W.
3580 EMERYWOOD LANE
ORLANDO FL 32812

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	CUNNINGHAM, THOMAS W.	1.2 NAME	CUNNINGHAM, THOMAS W	
STREET ADDRESS	3580 EMERYWOOD LANE	1.3 STREET ADDRESS	3580 EMERYWOOD LANE	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	CUNNINGHAM, PENNY H.	2.2 NAME		
STREET ADDRESS	3580 EMERYWOOD LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	CASSICK, SANDRA C.	3.2 NAME	CASSICK, SANDRA C.	
STREET ADDRESS	8419 S.E. CROFT CIR #F-9	3.3 STREET ADDRESS	4866 RED BAY DRIVE	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32829	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	CUNNINGHAM, DEBORAH M.	4.2 NAME		
STREET ADDRESS	3580 EMERYWOOD LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: THOMAS W. CUNNINGHAM 1/27/95 (407) 859 6420
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003887 CP