

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 16 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000024098 (4)**  
 1. Corporation Name  
**TORREY S CREST, INC.**



Principal Place of Business <b>3205 CR 664 BOWLING GREEN FL 33834 US</b>	Mailing Address <b>3205 CR 664 BOWLING GREEN FL 33834 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 365 OLD DIXIE HWY.</b> Suite, Apt. #, etc. <b>22 BOWLING GREEN, FL 33834</b>		2a. Mailing Address <b>26 365 OLD DIXIE HWY.</b> Suite, Apt. #, etc. <b>27 BOWLING GREEN, FL 33834</b>		3. Date Incorporated or Qualified <b>03/29/1993</b>	
23. City & State <b>BOWLING GREEN, FL</b>		28. City & State <b>BOWLING GREEN, FL</b>		4. FEI Number <b>65-0395243</b>	
24. Zip <b>33834</b>		25. Country <b>HARDEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29. Zip <b>33834</b>		30. Country <b>HARDEE</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SMITH, JOSEPH F 3205 CR 664 BOWLING GREEN FL 33834</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SMITH, JOSEPH F 3205 CR 664 BOWLING GREEN FL 33834</b>				10. Name and Address of New Registered Agent			
				81 Name <b>LERROY SHEPARD</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>365 OLD DIXIE HWY.</b>			
				83			
				84 City <b>BOWLING GREEN, FL</b>			
				85 Zip Code <b>33834</b>			

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: **LERROY SHEPARD, PRESIDENT** *[Signature]* DATE: **1/21/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, JOSEPH F</b>			1.2 NAME			
STREET ADDRESS	<b>3205 CR 664</b>			1.3 STREET ADDRESS	<b>DELETE</b>		
CITY-ST-ZIP	<b>BOWLING GREEN FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHEPARD, LEROY</b>			2.2 NAME	<b>D/P</b>		
STREET ADDRESS	<b>365 OLD DIXIE HWY</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BOWLING GREEN FL</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<b>V/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	<b>DELILIA SHEPARD</b>		
STREET ADDRESS				3.3 STREET ADDRESS	<b>365 OLD DIXIE HWY.</b>		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	<b>BOWLING GREEN, FL. 33834</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: *[Signature]* **Leroy Shepard 1-21-98**

CFR2034 (10/97)