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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000032450 (6)

1. Corporation Name

CROSSROADS SERVICE STATIONS, INC.



Principal Place of Business

Mailing Address

2209 KIRKWOOD AVE.  
NAPLES, FL 33999

2209 KIRKWOOD AVE.  
NAPLES, FL 33999

2. Principal Place of Business

2a. Mailing Address

21 6065 PINE RIDGE RD

26 6065 PINE RIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NAPLES, FL

28 NAPLES, FL

Zip

Country

Zip

Country

24 33999

25

29 33999

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAULICH, JOHN III  
2150 GOODLETTE ROAD  
6TH FLOOR  
NAPLES FL 33940

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when not state up)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PSTD  
ASHLEY, WAYNE CURTIS  
2209 KIRKWOOD AVE  
NAPLES FL 33962

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TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

6065 PINE RIDGE RD  
NAPLES, FL 33999

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(k), 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 it 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:

Wayne C Ashley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

941-455-1239

DATE

Daytime Phone #

CR2E034 (12/95)