

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

APPROVED
AND
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1997 JUL 18 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S73359

(9)

1. Corporation Name

C.R.N.A. SERVICES, INC.



Principal Place of Business

314 FIFTH AVE. SOUTH
#312
NAPLES FL 33940
US

Mailing Address

314 FIFTH AVE. SOUTH
#312
NAPLES FL 34102-6524
US

3. Date Incorporated or Qualified
08/12/1991

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 4775 Whispering Pine Way
Suite, Apt. #, etc.

2a. Mailing Address

26 4775 Whispering Pine Way
Suite, Apt. #, etc.

4. FET Number

59-3084140

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

23 City & State
NAPLES, FL

28 City & State
NAPLES, FL

24 Zip

34103

25 Country
US

29 Zip

34103

30 Country
US

9. Name and Address of Current Registered Agent

TOOLE, DANA G.
608 WEST HORATIO ST.
SUITE B
TAMPA FL 33606

(DELETE)

10. Name and Address of New Registered Agent

81 Name MEL C. WETHERINGTON
82 Street Address (P.O. Box Number is Not Acceptable)
4775 Whispering Pine Way
83
84 City NAPLES FL 85 Zip Code 34103

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

M.C. Wetherington

7/13/97

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

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WETHERINGTON, JUDITH
STREET ADDRESS 314 FIFTH AVE S. #312
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME WETHERINGTON
1.3 STREET ADDRESS 4775 WHISPERING PINE WAY
1.4 CITY-ST-ZIP NAPLES, FL 34103

2.1 TITLE T
2.2 NAME WETHERINGTON, MEL C.
2.3 STREET ADDRESS 4775 WHISPERING PINE WAY
2.4 CITY-ST-ZIP NAPLES, FL 34103

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 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

CR2E034 (9/96)

20f2

Division of Corporations
Annual Report Filings
Post Office Box 6327
Tallahassee, FL 32399

Gentlemen:

Enclosed is the annual report fee of \$165.00 for C.R.N.A. Services Inc.

Unfortunately due to our recent move, we did not receive the annual report form until last week, which is the reason for the late filing.

I would appreciate your consideration in waiving the late filing fees.

Thank you for your co-operation.

Sincerely,

A handwritten signature in black ink, appearing to read "M. C. Wetherington", with a stylized flourish at the end.

M. C. Wetherington
Treasurer