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Feb 26 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 # 326670 (7)  
1. Corporation Name  
CRESTVIEW MANOR, INC.



Principal Place of Business Mailing Address  
~~1000 UNDERWOOD AVENUE  
P.O. # (ZIP 02501)  
PENSACOLA FL 32501~~  
~~1000 UNDERWOOD AVENUE  
P.O. # (ZIP 02501)  
PENSACOLA FL 32501~~

2. Principal Place of Business 2a. Mailing Address  
21 226 PALAFOX PLACE 26 226 PALAFOX PLACE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 3RD FLOOR 27 3RD FLOOR  
City & State City & State  
23 PENSACOLA, FL 28 PENSACOLA, FL  
Zip Country Zip Country  
24 32501 25 Country 29 32501 30 Country

3. Date Incorporated or Qualified 02/21/1968 3a. Date of Last Report 01/22/1996  
4. FEI Number 59-1309527 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

9. Name and Address of Current Registered Agent  
~~JOHNSON, MICHAEL L.  
2911 GLAMIS DR.  
PENSACOLA FL 32503~~

10. Name and Address of New Registered Agent  
81 Name R. BRENT MAGGIO  
82 Street Address (P.O. Box Number is Not Acceptable) 226 PALAFOX PLACE  
83 3RD FLOOR  
84 City PENSACOLA FL 85 Zip Code 32501

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of record, 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 I accept the obligations of Section 607.0505, Florida Statutes.  
SIGNATURE: *R. Brent Maggio* R. Brent Maggio, President 1/31/97  
Signature type or printed name of registered agent and legal applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE P  DELETE  
NAME JOHNSON, LARRY B., JR.  
STREET ADDRESS 1920 E DEGOTO ST  
CITY, ST, ZIP PENSACOLA FL  
TITLE VST  DELETE  
NAME JOHNSON, MICHAEL L.  
STREET ADDRESS 2911 GLAMIS DR.  
CITY, ST, ZIP PENSACOLA FL  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE P  Change  Addition  
1.2 NAME R. BRENT MAGGIO  
1.3 STREET ADDRESS 226 PALAFOX PLACE, 3RD FLOOR  
1.4 CITY-ST-ZIP PENSACOLA, FL 32501  
2.1 TITLE VST  Change  Addition  
2.2 NAME R. BRENT MAGGIO  
2.3 STREET ADDRESS 226 PALAFOX PLACE, 3RD FLOOR  
2.4 CITY-ST-ZIP PENSACOLA, FL 32501  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
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, unchanged, or as an attachment with an address.

SIGNATURE: *R. Brent Maggio* R. BRENT MAGGIO 1/31/97 904/432-8550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)