

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 26 AM 9:04

DOCUMENT # 685536

(5)

1. Corporation Name

CRAMER CORPORATION

Principal Place of Business

6201-6211 N. NEBRASKA AVE.
TAMPA FL 33604

Mailing Address

6201-6211 N. NEBRASKA AVE.
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/25/1980

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2034299

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**

7. This corporation has liability for interjurisdictional tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip

Country

City & State

27

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CRAMER, NANCY H
13815 LAKE VILLAGE PLACE
TAMPA FL 33624**

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

Nancy H. Cramer

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

NOTE: Registered Agent signature required when reappointing

DATE

6-16-95

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

CRAMER, NANCY

6201-6211 N. NEBRASKA AV

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

CRAMER, TERENCE SR.

6201-6211 N. NEBRASKA AV

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

CRAMER, TERENCE JR.

6201-6211 N. NEBRASKA AV

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

BACKSTROM, CANDICE

6201-6211 N. NEBRASKA AV

TAMPA FL

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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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 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:

Nancy H. Cramer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-95

Date

813-238-8457

Daytime Phone #