

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000005981

Entity Name: CRAVEN INTERNATIONAL, INC.**Current Principal Place of Business:**5213 MICHAEL DRIVE, WEST PALM BEACH, FLORIDA 33417
WEST PALM BEACH, FL 33417**Current Mailing Address:**5213 MICHAEL DRIVE
WEST PALM BEACH, FL 33417 US**FEI Number: 57-0965347****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LOVELADY, PAUL V
3322 CHRISTOPHER STREET
WEST PALM BEACH, FL 33417 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	LOVELADY, THOMAS VICTOR
Address	5213 MICHAEL DRIVE,
City-State-Zip:	WEST PALM BEACH FL 33417

Title	VP
Name	LOVELADY, PAUL VICTOR
Address	3322 CHRISTOPHER STREET
City-State-Zip:	WEST PALM BEACH FL 33417

Title	SEC., DIRECTOR
Name	LOVELADY, BETTY
Address	5213 MICHAEL DRIVE
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	VEIL, RUTH
Address	3322 CHRISTOPHER STREET
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	WHITE, BETH
Address	3322 CHRISTOPHER STREET
City-State-Zip:	WEST PALM BEACH FL 33417

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS VICTOR LOVELADY**PRESIDENT****02/21/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date