

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 364952 (2)

1. Corporation Name

CRAIG Z ENTERPRISES INC

Principal Place of Business

**55 RICHFIELD DR
LAKE PLACID FL 33852
US**

Mailing Address

**55 RICHFIELD DR
LAKE PLACID FL 33852
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/02/1970

3a. Date of Last Report

04/20/1994

4. FEI Number

59-1311287

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

2. Principal Place of Business

21 55 RICHFIELD DR.

2a. Mailing Address

26 55 RICHFIELD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LAKE PLACID, FL.

28 LAKE PLACID, FL.

Zip

Country

Zip

Country

24 33852

25 U.S.A.

29 33852

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZABRISKIE, JAMES J
285 FUR TERR
FT PIERCE FL 34948**

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

Signature (print or printed name of registered agent and the applicant)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ZABRISKIE, JAMES J
STREET ADDRESS	285 FUR TERR
CITY - ST - ZIP	FT PIERCE FL
TITLE	SDT
NAME	ZABRISKIE, MARIE F.
STREET ADDRESS	285 FUR TER
CITY - ST - ZIP	FT PIERCE FL
TITLE	DP
NAME	ZABRISKIE, CRAIG G.
STREET ADDRESS	55 RICHFIELD DR
CITY - ST - ZIP	LAKE PLACID FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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)(b), 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:

Marie F. Zabriskie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIE F. ZABRISKIE

4/26/95 813-465-0540
Date Employer/Agent #