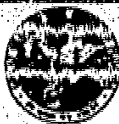


FILE NOW. FILING FEE AFTER MAY 1, 1995, \$25.00

FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 21 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 434371

(1)

1. Corporation Name

FOAMCRAFT, INC.

6235 S. MCINTOSH ROAD
SARASOTA FL 34238

6235 S. MCINTOSH ROAD
SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1973	3a. Date of Last Report 05/01/1994
21		26		4. FEI Number 43-1014038	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	9. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

NELSON, RICHARD
2070 RINGLING BLVD.
SARASOTA FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	BETTS, OTTILIE C.	1.2 NAME	
STREET ADDRESS	1300 TANGIER WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 0	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, RICHARD F	2.2 NAME	
STREET ADDRESS	7614 PENINSULAR DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 0	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, CHRISTA H	3.2 NAME	
STREET ADDRESS	7614 PENINSULA DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 0	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	BETTS, CHRISTOPHER M	4.2 NAME	
STREET ADDRESS	1300 TANGIER WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 0	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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:

Christa H. Campbell Christa H. Campbell

4/12/95

Signature Printed