FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 PM 5:11

DOCUMENT # **453208** **(1)**

1. Corporation Name
THE CRAFT CUPBOARD OF AMELIA ISLAND, INC.

Principal Place of Business	Mailing Address
VILLAGE SHOP #4 AMELIA ISLAND FL 32034	VILLAGE SHOP #4 AMELIA ISLAND FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1974
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-1525410 ☐ 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 intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LORICK, DABNEY L.
23 HARRISON CREEK RD.
AMELIA ISLAND FL 32034

10. Name and Address of New Registered Agent

81 Name: Dabney L. Byrd
82 Street Address (P.O. Box Number is Not Acceptable): 23 Harrison Creek Rd
83
84 City: Amelia Island FL 85 Zip Code: 32034

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: Dabney L. Byrd 5/18/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BAKER,C.ALDEN	12 NAME		
STREET ADDRESS	SOUTH BEACH LN, BOX 5014	13 STREET ADDRESS		
CITY-ST-ZIP	HILTON HEAD IS. SC	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BAKER,FRANCES G.	22 NAME		
STREET ADDRESS	SOUTH BEACH LN, BOX 5014	23 STREET ADDRESS		
CITY-ST-ZIP	HILTON HEAD IS. SC	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	PD	☒ Change ☐ Addition
NAME	LORICK, DABNEY L	32 NAME	Dabney L. Byrd	
STREET ADDRESS	23 HARRISON CREEK RD.	33 STREET ADDRESS	23 Harrison Creek Road	
CITY-ST-ZIP	AMELIA ISLAND FL	34 CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Dabney L. Byrd May 4, 1995 904-261-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0400770 FP