FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:07

DOCUMENT # 740750 (5)

1. Corporation Name
FLORIDA CRAFTSMEN

Principal Place of Business	Mailing Address
237 2ND AVE S ST. PETERSBURG FL 33701-4209	237 2ND AVE S ST. PETERSBURG FL 33701-4209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1977
3a. Date of Last Report: 01/21/1994
4. FEI Number: 23-7375994 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

TUEGEL, MICHELE
237 - 2ND AVE S.
ST. PETERSBURG BEACH FL 33701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	(PID) ☐ Change ☐ Addition
NAME	KING, JACK	1.2 NAME	JACK KING
STREET ADDRESS	5017 STOLLS AVE	1.3 STREET ADDRESS	526 Danube Ave
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SABIN, CLAUDIA	2.2 NAME	N/A
STREET ADDRESS	710 SW 27TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	(SD) ☐ Change ☐ Addition
NAME	STEHLE, EMILY	3.2 NAME	same
STREET ADDRESS	1850 SHARONDALE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	(D) ☐ Change ☐ Addition
NAME	TUEGEL, MICHELE	4.2 NAME	same
STREET ADDRESS	433 MONTE CRISTO BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRE VERDE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	(VD) ☐ Change ☐ Addition
NAME	KARNAVICIUS, NANCY	5.2 NAME	same address
STREET ADDRESS	2855-59TH CIRCLE S	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	(TREASURER) ☐ Change ☐ Addition
NAME		6.2 NAME	JOHNNIE GUEST
STREET ADDRESS		6.3 STREET ADDRESS	17960 Gulf Blvd. # 208
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Redington Shores, FL 33708

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: michele tuegel MICHELE TUEGEL 1.15.95 813-821-7391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014489