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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 11/10/1977

3a. Date of Last Report: 01/23/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 23-7375994	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	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 617.0502 and 617.1508, 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 617.0503, 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KING, JACK		1.2 NAME		
STREET ADDRESS	526 DANUBE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	SABIN, CLAUDIA		2.2 NAME	MARGARET FLAGG	
STREET ADDRESS	710 SW 27TH ST		2.3 STREET ADDRESS	RR2, BOX 990	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	MICANOPY, FL.	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEHLE, EMILY		3.2 NAME		
STREET ADDRESS	1850 SHARONDALE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TUEGEL, MICHELE		4.2 NAME		
STREET ADDRESS	433 MONTE CRISTO BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRE VERDE FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	VP	☑ Change ☐ Addition
NAME	KARNAVICIUS, NANCY		5.2 NAME		
STREET ADDRESS	2855-59TH CIRCLE S		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GUEST, JOHNNIE		6.2 NAME		
STREET ADDRESS	17960 GULF BLVD #208		6.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 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 3-25-96 813-821-7391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #