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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:18

DOCUMENT # 760391 (3)

1. Corporation Name
CREATIVE CRAFT CO-OP, INC.

Principal Place of Business	Mailing Address
5855 TALLOWOOD CIR SW FT MYERS FL 33919 US	5855 TALLOWOOD CIR SW FT MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1981
3a. Date of Last Report: 04/07/1994
4. FEI Number: 65-0043241 ☐ 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. 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

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

9. Name and Address of Current Registered Agent

FOSTER, V.C.
5855 TALLOWOOD CIRCLE
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 V.C. Foster 1/24/95
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	VP	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	KELLER, ROBERT	1.2 NAME	KELLER, ROBERT
STREET ADDRESS	16209 ASHBORO CT	1.3 STREET ADDRESS	16209 ASHBORO CT
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, V.C.	2.2 NAME	
STREET ADDRESS	5855 TALLOWOOD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DIEKEN, MARVIN	3.2 NAME	
STREET ADDRESS	1303 N ALHAMBRA CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, DIANE	4.2 NAME	
STREET ADDRESS	159 S.W. 53RD TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	VPD ☒ Change ☐ Addition
NAME	PELTZER, ANN	5.2 NAME	CLEON BEATTY
STREET ADDRESS	3327 S.E. 8TH PLACE	5.3 STREET ADDRESS	144 EVERGREEN SWAN LAKE
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917
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 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: V.C. Foster 1/24/95 (813) 489-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
V.C. FOSTER

D060004