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

APPROVED AND FILED
MAY 1 95 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003485 (9)**

1. Corporate Name
KATHI'S KRAFTS INC.

Principal Place of Business
318 MILESTONE DR.
TALLAHASSEE FL 32312

Mailing Address
318 MILESTONE DR.
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

State Abbreviation
22

State Abbreviation
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number 58-2126201 [redacted] — Applied For / Not Applicable

5. Certificate of Status Desired — X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. The corporation has salaries for officers or directors under Section 627.279 Florida Statutes — Yes / X No

9. Name and Address of Current Registered Agent
THIELE, HERBERT W.A.
318 MILESTONE DR.
TALLAHASSEE FL 32312

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 Section 607.0505 of the Florida Statutes, the above named corporation submits this statement for the purpose of complying with the requirements of said Section and in the State of Florida, and the officers signing below have authorized the registered agent to accept service of process for the above named corporation at the place designated in this statement. I hereby accept the appointment as registered agent and agree to comply with the provisions of said Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

PTD
THIELE, KATHI M
318 MILESTONE DR.
TALLAHASSEE FL 32312

VSD
THIELE, HERBERT W.A.
318 MILESTONE DR.
TALLAHASSEE FL 32312

13. ADDITIONAL CHANGES TO OFFICER AND DIRECTORS

Change / Add

14. I hereby certify that the information supplied with this report is true and complete to the best of my knowledge, and that I am duly authorized to execute this report on behalf of the corporation. I understand that the information supplied with this report will be filed with the Department of State, Division of Corporations, and that any false information submitted may be punishable by fine or imprisonment or both under the laws of the State of Florida.

SIGNATURE: Kathi M. Thiele — Kathi M. Thiele — 3/25/95 — 904-668-2917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

0026007 CP