## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

ACCU-CRAFT, INC.

DOCUMENT # G46069

(2)

**FILED** Jan 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 6315 ARBOR DRIVE 6315 ARBOR DRIVE NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655-4129									
US		US				Date Incorporated or Qualified     06/23/1983	3a. Date 01/26/		eport
<u> </u>	lace of Business	2a. Mailing Address				4. FEI Number	1_0.,_0,		oplied For
21	# - # c.	Suite, Apt. #, etc.	<del></del>			59-2301444			ot Applicable
Suite, Apt	#, BtC	27				5. Certificate of Status Desired		Fee Re	Additional equired
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	*
Zip	Country	Zip	Cour	itry		8. This corporation has liability for			. 199.032,
24	9. Name and Address of Current	Registered Agent	[30]			Florida Statutes  10. Name and Address of New Re			
QUE.	RT MARCIA TURCOTTE	nogistorou rigorit		81 N	ame	IV. Italia alla roccos di itali	giotorou Ag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ARBOR DRIVE		-	20 0		(DO D. M	1-5	<del>,</del>	
NEW PORT RICHEY FL 34653				82 S	reet Addre	ss (P.O. Box Number is Not Acceptab	ole)		
			[1	B3					
				<b>B4</b> C	ity		FL	<b>85</b> Zip (	Code
11. Pursuant	to the previsions of Sections 607.0502	and 607.1508, Florida Statu	ites, the ab	ove-na	med corpo	pration submits this statement for the p	urnose of at	anging it	s registered
office or r agent La	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was boris of, Section 607.0505, F	authorized Iorida Statu	by the ites.	corporation	on's board of directors. I hereby accep	ot the appoir	tment as	registered
SIGNATURE									
10	Signature, typed or printed name of region real agen OFFICERS AND		TE Flegistered	Agent sig	nature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	PECTOE	C IN 12
12.	PD	DELETE	1,1 111	.E	Т	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	GILBERT, RONALD J.		1.2 NA	<b>A</b> E				-	
STREET ADDRESS	6315 ARBOR DIRVE	1.3		1.3 STREET ADORESS					
CiTY - ST - ZIP	NEW PORT RICHEY FL			Y-ST-ZI	,		<del></del>		
TITLE	STD			ITLE			Ĺ	Change	Addition
NAME			1	2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	6315 ARBOR DRIVE NEW PORT RICHEY FL								
CITY-ST-ZIP TITLE				2.4 CfTY+ST-ZIP 3.1 TITLE				Change	Addition
NAME	SOLANGE P. TURCOTTE	*******	3.2 NA				_		
STREET ADDRESS	106 RIO GRANDE		3 3 STF	EET ADD	RESS				
CITY-St-ZIP	EDGEWATER FL		3.4. CI	Y-\$1-Z	Р				
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NAME			4. 2 NA					٠	
STREET ADDRESS				EET ADD					
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STREET ADDRESS				eet add	RESS				]
CITY-ST-ZIP			1	Y-ST-Z#	i i				
TITLE		DELETE	61 TIT			**************************************		Change	Addition
NAME			6 2 NA	ΜE					
STREET ADDRESS			6.3 ST	REET ADD	ress				
CITY OF ZID			CACIT	v ct 14	n				

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.