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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:05

DOCUMENT # G92453 (1)

1. Corporation Name
CRAFT KING, INC.

Principal Place of Business	Mailing Address
5675 NEW TAMPA HWY 5505 KINGS MONT COURT LAKELAND FL 33801 US	% KATHLEEN LASALLE 5505 KINGS MONT CT LAKELAND FL 33813-3209 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 3033 DRANE FIELD RD	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 5	Suite, Apt. #, etc. 27
City & State 23 LAKELAND, FL	City & State 28
Zip / Country 24 33811 25 POLK	Zip / Country 29 30

3. Date Incorporated or Qualified 02/17/1984	3a. Date of Last Report 03/11/1994
4. FEI Number 59-2398318	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LASALLE, KATHLEEN 5505 KING MONT COURT LAKELAND FL 33813	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
(If changing registered agent, type or print name of registered agent and title if applicable. Registered Agent signature required when changing registered agent.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	11 TITLE		☐ Change ☐ Addition
NAME	LASALLE, WILLIAM	12 NAME		
STREET ADDRESS	5505 KINGS MONT COURT	13 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP		
TITLE	PSD	21 TITLE		☐ Change ☐ Addition
NAME	LASALLE, KATHLEEN	22 NAME		
STREET ADDRESS	5505 KINGS MONT COURT	23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen LaSalle 3-9-95 813-648-2972
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Telephone Number
KATHLEEN LASALLE

0013440 CP