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
95 APR 27 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H59959** **(7)**

1. Corporation Name
ACTION CRAFT, INC.

Principal Place of Business	Mailing Address
2603 ANDALUSIA BLVD CAPE CORAL FL 33909	2603 ANDALUSIA BLVD CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/03/1985**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: **59-2578956** ☐ Applied For ☐ Not Applicable
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

GUARD, PAUL P.
2603 ANDALUSIA BLVD.
CAPE CORAL FL 33909

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 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when manually signing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	GUARD, PAUL P.	12 NAME		
STREET ADDRESS	3327 SE 18TH AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	BROOKS, WILLIAM T.	22 NAME		
STREET ADDRESS	2302 S.E. 15TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	HORTON, RONALD T.	32 NAME		
STREET ADDRESS	1406 N.E. 5TH AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	MCNAUGHTON, NANCY	42 NAME		
STREET ADDRESS	3730 COUNTRY CLUB BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	C/D	☒ Change ☐ Addition
NAME	GUARD, JOHN E	52 NAME	Guard, John E.	
STREET ADDRESS	~~4093 COUNTY RD 78 W~~ →	53 STREET ADDRESS	322 N. E. 19th St.	
CITY ST ZIP	~~LABELLE FL~~	54 CITY-ST-ZIP	Cape Coral, Fl 33909	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Shepard, Richard J.	
STREET ADDRESS		63 STREET ADDRESS	5267 Skylark Ct.	
CITY ST ZIP		64 CITY-ST-ZIP	Cape Coral, Fl 33904	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John E. Guard JOHN E. GUARD C/D 4/19/95 813-574-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

033395 CP