

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H59959

(7)

1. Corporation Name

ACTION CRAFT, INC.



Principal Place of Business

2603 ANDALUSIA BLVD  
CAPE CORAL FL 33909

Mailing Address

2603 ANDALUSIA BLVD  
CAPE CORAL FL 33909

3. Date Incorporated or Qualified  
06/03/1985

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2578956

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

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

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

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 ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
GUARD, PAUL P.  
3327 SE 18TH AVENUE  
CAPE CORAL FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
BROOKS, WILLIAM T.  
2302 S.E. 15TH STREET  
CAPE CORAL FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
HORTON, RONALD T.  
1406 N.E. 5TH AVENUE  
CAPE CORAL FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
MCNAUGHTON, NANCY  
3730 COUNTRY CLUB BLVD  
CAPE CORAL FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GUARD, JOHN E  
322 NE 19TH ST  
CAPE CORAL FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SHEPARD, RICHARD J.  
5267 SKYLARK COURT  
CAPE CORAL FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E GUARD 4/19/96 941-574-3443

CR2E034 (12/95)