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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H86081

(7)

1. Corporation Name

CRACKER FLEET, INC.



Principal Place of Business

2609 CAUSEWAY RD
2017 E. 116 SPRING DR.
TAMPA FL 33619
US

Mailing Address

2017 ELK SPRING DR
2017 E. 116 SPRING DR.
BRANDON FL 33511-1726
US

3. Date Incorporated or Qualified
11/19/1985

3a. Date of Last Report
04/30/1996

4. FEI Number
59-2645636

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

2. Principal Place of Business

21 2609 Causeway Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 2017 Elk Spring Dr.
Suite, Apt. #, etc.

City & State

23 Tampa, FL
Zip Country

City & State

28 Brandon, FL
Zip Country

24 33619

25

29 33511

30

9. Name and Address of Current Registered Agent

JAMES E. GRIFFIN
2609 CAUSEWAY BLVD.
TAMPA FL 33619

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 *James E. Griffin*
Original, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

President

1/8/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST
NAME GRIFFIN, LAVERNE C.
STREET ADDRESS 2017 ELK SPRING DR.
CITY-ST-ZIP BRANDON FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME GRIFFIN, JOHN D. JR.
STREET ADDRESS 2045 ELK SPRING DR.
CITY-ST-ZIP BRANDON FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P
NAME GRIFFIN, JAMES E.
STREET ADDRESS 1703 COTTAGE FOREST CT.
CITY-ST-ZIP BRANDON FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME GRIFFIN, LARRY D.
STREET ADDRESS 2013 ELK SPRING DR.
CITY-ST-ZIP BRANDON, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Laverne C. Griffin, ST.*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1/8/97
Date

813-247-5147
Daytime Phone #

0345485

CR2E034 (9/96)