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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H86081

2609 Canseway Blod

25

JAMES E. GRIFFIN 2809 CAUSEWAY BLVD.

TAMPA FL 33619

(7)

CRACKER FLEET, INC.

Principal Place of Business

2. Principal Place of Business

2609 CAUSEWAY RD TAMPA FL 33619

Sulte, Apt. #, etc

City & State

22

Mailing Address

2017 ELK SPRING DR **BRANDON FL 33511**

2a. Mailing Address

City & State

2017 £ Suite, Apt. #, etc

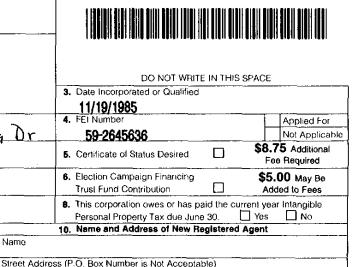
Brandon

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9. Name and Address of Current Registered Agent

FILED Feb 03 1998 8:00am Secretary of State



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Country

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	Same El	Mar	Vacsiders	/	1/23/98	
	Standure, typed or printed riamin of registured agent and	<i></i>	Registered Agent signature re-	quired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13,	ADDITIONS/CHANGES	GES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	GRIFFIN, LAVERNE C.		1 2 NAME			
STREET ADDRESS	2017 ELK SPRING DR.		1.3 STREET ADDRESS			J
CITY-ST-ZIP	BRANDON FL		1.4 CITY - ST - ZIP			
TALE	V	☐ DELETE	21 THLE		Change	☐ Addition
NAME	griffin, john d. jr.		2.2 NAME			
STREET ADDRESS	2045 ELK SPRING DR.		2.3 STREET ADDRESS			ļ
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP			
TITLE	P	DELETE	3.1 TITLE		Change	☐ Addition
NAME	GRIFFIN, JAMES E.		3.2 NAME			
STREET ADORESS	1703 COTTAGE FOREST CT.		3.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL		3.4. C(1 Y - ST - Z)P			
TITLE	V	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	griffin, larry d.		4. 2 NAME			J
STREET ADDRESS	2013 ELK SPRING DR.		4.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON, FL.		4.4 CITY-ST-ZIP	····		
TITLE		☐ DELETE	5 1 HTLF		Change	Addition
NAME			5.2 NAME			ĺ
STREET ADDRESS			5.3 STREFT ADDRESS			
CITY-\$1-ZIP			5.4 CITY - S1 - ZIP	·····		
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME		4	6.2 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CHY-ST-ZIP			

14. Thereby 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.

1/22/08 812-247-5147

Zip Code