

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J04847

(6)

1. Corporation Name

BAG AND KEG CRAFTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:21

Principal Place of Business

% CHESTER J. TROW
1926 E SILVER SPRINGS BLVD.
OCALA FL 34470
US

Mailing Address

% CHESTER J. TROW
445 NE 8TH AVE
OCALA FL 34471
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/19/1986

3a. Date of Last Report

03/14/1994

4. FEI Number

59-2646922

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 5460 N.E. 1st Lane

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ocala, FL

City & State

28

Zip

24 34470

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

TROW, CHESTER J.
445 NE 8TH AVE
OCALA FL 34470

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GRIFFIN, KEN E.
STREET ADDRESS 1926 E. SILVER SPGS. BL.
CITY-ST-ZIP Ocala FL

1.1 TITLE DP
1.2 NAME Ken E. Griffin
1.3 STREET ADDRESS 5460 N.E. 1st Lane
1.4 CITY-ST-ZIP Ocala FL, 34470

☒ Change ☐ Addition

TITLE D
NAME GRIFFIN, BARBARA A.
STREET ADDRESS 1926 E. SILVER SPGS. BL.
CITY-ST-ZIP Ocala FL

2.1 TITLE D
2.2 NAME Barbara A. Griffin
2.3 STREET ADDRESS 5460 N.E. 1st Lane
2.4 CITY-ST-ZIP Ocala, FL 34470

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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 110.07(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:

KEN E. GRIFFIN

1-30-95 904-694-7722