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Jan 23 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 # J04847 (6)
1. Corporation Name
BAG AND KEG CRAFTS, INC.



Principal Place of Business
5480 N.E. 1ST LANE
OCALA FL 34470
US

Mailing Address
% CHESTER J. TROW
445 NE 8TH AVE
OCALA FL 34470-5346
US

3. Date Incorporated or Qualified 03/19/1986 3a. Date of Last Report 02/09/1996
4. FEI Number 59-2648922 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 2a. Mailing Address
21 1127 S.W. college Rd Suite # 200 26 ~~1127 S.W. college Rd~~
22 Suite # 200 27 Suite # 200
23 Ocala, FL 28 Ocala, FL
24 34474 25 USA 29 34474 30 USA

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

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 *Ken E Griffin*

(NOTE: Registered Agent signature required when reinstating)

DATE 1-17-97

12. OFFICERS AND DIRECTORS
TITLE DP
NAME GRIFFIN, KEN E.
STREET ADDRESS 5480 N.E. 1ST LANE
CITY-ST-ZIP Ocala FL
TITLE D
NAME GRIFFIN, BARBARA A.
STREET ADDRESS 5480 N.E. 1ST LANE
CITY-ST-ZIP Ocala FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1720 S.E. 73rd Place
1.4 CITY-ST-ZIP Ocala, FL 34480
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1720 S.E. 73rd Place
2.4 CITY-ST-ZIP Ocala, FL 34480
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97

Date

952-867-7594

Daytime Phone #

0437206

CR2E034 (9/96)