

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:06

DOCUMENT # **K11401 (2)**  
1. Corporation Name  
**V G G CRAFTS, INC.**

Principal Place of Business Mailing Address  
**1926 E. SILVER SPRINGS BLVD.  
825 S.E. 17TH STREET, SUITE C  
OCALA FL 34470  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/19/1988** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **5400 N.E. 1st Lane** 26 **445 N.E. 8th Ave**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE C**  
City & State City & State  
23 **OCALA, FL** 28 **OCALA, FL**  
Zip Country Zip Country  
24 **34470** 25 **USA** 29 **34470** 30 **USA**

4. FEI Number **59-2864195** Applied For   
Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TROW, CHESTER J.  
445 N.E. 8TH AVENUE  
SUITE C  
OCALA FL 34470**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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) DATE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIFFIN, KEN E.
STREET ADDRESS	1926 E. SILVER SPRINGS
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	GRIFFIN, BARBARA A.
STREET ADDRESS	1926 E. SILVER SPRINGS
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	GRIFFIN, DENNIS J.
STREET ADDRESS	352 REMINGTON DR.
CITY-ST-ZIP	OVIDEO FL
TITLE	D
NAME	VEDEPO, JOHN
STREET ADDRESS	11115 COUNTRY HILL ROAD
CITY-ST-ZIP	CLERMONT FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Ken E. Griffin	
13 STREET ADDRESS	5400 N.E. 1st Ln	
14 CITY-ST-ZIP	OCALA, FL 34470	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Barbara A Griffin	
23 STREET ADDRESS	5400 N.E. 1st Ln	
24 CITY-ST-ZIP	OCALA, FL 34470	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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(2)(b), 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 no additions.

SIGNATURE: Ken E. Griffin 1-30-95 904-694-7122  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Telephone