

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAY 31 AM 9:34****DOCUMENT # K78799****(9)**

1. Corporation Name

CRACKER PROPERTIES, INC.

Principal Place of Business

**10 NORTH GRAHAM ROAD
AVON PARK FL 33825**

Mailing Address

**10 NORTH GRAHAM ROAD
AVON PARK FL 33825**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/03/1989

3a. Date of Last Report

02/02/1994

4. FEI Number

59-2970496

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

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MONTSDEOCA, JAMES D.
10 NORTH GRAHAM ROAD
AVON PARK FL 33825**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MONTSDEOCA, JAMES D.
10 N. GRAHAM RD.
AVON PARK FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
TAUCHEN, JOHN ROBERT
945 S.E. LAKEVIEW
SEBRING FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
MONTSDEOCA, KATHLEEN A.
10 N. GRAHAM RD.
AVON PARK FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BAILEY, CONSTANCE LYNN
9120 S.R. 17 S.
SEBRING FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TAUCHEN, DONALD E.
9110 STATE ROAD 17 S.
SEBRING FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition6.1 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 holder of a trust or empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, as appropriate, or on an attachment with an address.

SIGNATURE:

KATHLEEN A. MONTSDEOCA**5/17/95 (313) 453-0207**

Date

Daytime Phone #