SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K78799** **(9)**

1. Corporation Name
CRACKER PROPERTIES, INC.

Principal Place of Business	Mailing Address
10 NORTH GRAHAM ROAD AVON PARK FL 33825	10 NORTH GRAHAM ROAD AVON PARK FL 33825

2. Principal Place of Business	2a. Mailing Address
21 1222 JOSEPHINE CT.	26 1222 JOSEPHINE CT.
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: SEBRING, FLORIDA	28 City & State: SEBRING, FLORIDA
24 Zip: 33872 25 Country: HIGHLANDS	29 Zip: 33872 30 Country: HIGHLANDS

3. Date Incorporated or Qualified: 04/03/1989
3a. Date of Last Report: 05/31/1995
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

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

81 Name: KATHLEEN ANN TAUCHEN
82 Street Address (P.O. Box Number is Not Acceptable): 1222 JOSEPHINE CT.
83
84 City: SEBRING **FL** 85 Zip Code: 33872

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: KATHLEEN ANN TAUCHEN/SECRETARY/TREASURER Kathleen Ann Tauchen 7-16-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MONTSDEOCA, JAMES D.		12 NAME		
STREET ADDRESS	10 N. GRAHAM RD.		13 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE	PD	☒ Change ☐ Addition
NAME	TAUCHEN, JOHN ROBERT		22 NAME		
STREET ADDRESS	945 S.E. LAKEVIEW		23 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		24 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	31 TITLE	STD	☒ Change ☒ Addition
NAME	MONTSDEOCA, KATHLEEN A.		32 NAME	KATHLEEN A. TAUCHEN	
STREET ADDRESS	10 N. GRAHAM RD.		33 STREET ADDRESS	1222 JOSEPHINE CT.	
CITY-ST-ZIP	AVON PARK FL		34 CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BAILEY, CONSTANCE LYNN		42 NAME		
STREET ADDRESS	9120 S.R. 17 S.		43 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	TAUCHEN, DONALD E.		52 NAME		
STREET ADDRESS	9110 STATE ROAD 17 S.		53 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen Ann Tauchen 7-16-96 941-655-0478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #