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 -1 AM 9:59

DOCUMENT # L72066 (8)

1. Corporation Name
CRAFT DEPOT, INC.

Principal Place of Business	Mailing Address
6036 CLARK CENTER AVE SARASOTA FL 34238-2716	6036 CLARK CENTER AVE SARASOTA FL 34238-2716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1990
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business	2a. Mailing Address
21 10801 Starkey Road	26 10801 Starkey Road
Suite, Apt. #, etc. 22 16	Suite, Apt. #, etc. 27 16
City & State 23 Largo, FL	City & State 28 Largo, FL
Zip / Country 24 34689 / 25	Zip / Country 29 34689 / 30

4. FEI Number: 65-0316286 ☐ 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	10. Name and Address of New Registered Agent
MCGILLEN, ROBERT L 6036 CLARK CENTER AVE SARASOTA FL 34238-2716	81 Name: McGillen, Robert L. 82 Street Address (P.O. Box Number is Not Acceptable): 10801 Starkey Road #16 83 84 City: Largo FL 85 Zip Code: 34689

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: Robert L McGillen 4/28/95
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	D	11 TITLE	D ☒ Change ☐ Addition
NAME	MCGILLEN, ROBERT L.	12 NAME	McGillen, Robert L.
STREET ADDRESS	6036 CLARK CENTER AVE	13 STREET ADDRESS	10801 Starkey Road #16
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Largo, FL 34689
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	MCGILLEN, VIVIAN L.	22 NAME	McGillen, Vivian L.
STREET ADDRESS	6036 CLARK CENTER AVE	23 STREET ADDRESS	10801 Starkey Road #16
CITY ST ZIP	SARASOTA FL	24 CITY-ST-ZIP	Largo, FL 34689
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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(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: Robert L McGillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

034550 CP