FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, of



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000014213 (2) DOCUMENT #

CRAFTY NEIGHBORS INC.

Principal Place of Business Mailing Address 11404 BAN JOSE BLVD JACKBONVILLE FL 32223 11404 SAN JOSE BOULEVARD JACKSONVILLE FL 32223-7235 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1993 04/10/1996 28. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3162038 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Zip Country Country B. This corporation has liability for intengible tax under s. 199.032 Yes 🗌 No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KING, DAVID A ATTORNEY AT LAW 1418 KINGSLEY AVENUE 82 ORANGE RARK FL 32073 83 84 Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, to the State of Floagent. I am familiar with, and accept the obligations ons 607.0502 and 🙌 7 🔏 08, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered uch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered clion 607.0505, Florida Statutes **SIGNATURE** (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DVP Change TITLE ■ DELETE 1.1 TILLE Addition NICHOLS, MILTON L 1.2 NAME NAME **3538 WAVERLY DOCK ROAD EAST** STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - \$1 - 7/P Change Addition TITLE 21 THE NICHOLS, BRENDA K NAME 2.2 NAME **8536 WAVERLY DOCK ROAD EAST** STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition TITLE 3 1 1111.6 NAMÉ 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE ■ Addition TITLE 4.1 TITLE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 THTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ____Change Addition 6 1 10 LF TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

ual report is true and accurate and that my signature shall have hastee empowered to execute this report as required by Charte out the poddrose.

14. I do hereby certify that the information sulvitied 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 by supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under I am an officer or director of the corporation or the receiver or this see empowered to execute this report as required by Chantel \$97. Florida Statutes; and that it is named to be compared to execute this report as required by Chantel \$97. Florida Statutes; and that it is named to be compared to execute this report as required by Chantel \$97. Florida Statutes.

FILED Jun 05 1997 8:00am Secretary of State



the same legal effect as if made under eath; that 697, Poride Statutes; and that fix name