

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000026722 (7)

1. Corporation Name

CREAM CRACKER, INC.



Principal Place of Business

Mailing Address

170 N. FLORIDA AVE
INVERNESS FL 34450

1180 N. PROSPECT AVE
LECANTO FL 34461

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/08/1993

3a. Date of Last Report

04/11/1995

4. FEI Number

59-3186009

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

MURDOCK, JOHN H
1180 N. PROSPECT AVE.
LECANTO FL 34461

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MURDOCK, JOHN H
STREET ADDRESS 1180 N. PROSPECT AVE
CITY- ST- ZIP LECANTO FL 34461

TITLE D ☐ DELETE

NAME MURDOCK, JACQUELINE S
STREET ADDRESS 1180 N. PROSPECT AVE
CITY- ST- ZIP LECANTO FL 34461

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 ☐ Change ☐ Addition

1.2 ☐ Change ☐ Addition

1.3 ☐ Change ☐ Addition

1.4 ☐ Change ☐ Addition

2.1 ☐ Change ☐ Addition

2.2 ☐ Change ☐ Addition

2.3 ☐ Change ☐ Addition

2.4 ☐ Change ☐ Addition

3.1 ☐ Change ☐ Addition

3.2 ☐ Change ☐ Addition

3.3 ☐ Change ☐ Addition

3.4 ☐ Change ☐ Addition

4.1 ☐ Change ☐ Addition

4.2 ☐ Change ☐ Addition

4.3 ☐ Change ☐ Addition

4.4 ☐ Change ☐ Addition

5.1 ☐ Change ☐ Addition

5.2 ☐ Change ☐ Addition

5.3 ☐ Change ☐ Addition

5.4 ☐ Change ☐ Addition

6.1 ☐ Change ☐ Addition

6.2 ☐ Change ☐ Addition

6.3 ☐ Change ☐ Addition

6.4 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. MURDOCK. 1-18-96 904 726 2525

Date

Daytime Phone #

CR2E034 (12/95)