

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000087716 (5)

1. Corporation Name

CRAFTMASTER BILLIARD TABLES MFG., INC.



Principal Place of Business

1603 N. HERCULES AVE.
CLEARWATER FL 34625

Mailing Address

1603 N. HERCULES AVE.
CLEARWATER FL 34625

3. Date Incorporated or Qualified
12/17/1993

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21 5120-F East Adamo Dr.

2a. Mailing Address

26 5120-F East Adamo Dr

4. FEI Number

59-3223772

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa, Fl. 33619

28 Tampa, Fl. 33619

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 Hillsborough

25 Hillsborough

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

LEACH, ROBERT J
1603 N. HERCULES AVE.
CLEARWATER FL 34625

81 Name

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

5120-F East Adamo Dr.

83

84 City

Tampa, Fl.

FL

85 Zip Code

33619

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME LEACH, ROBERT J
STREET ADDRESS 1603 N. HERCULES AVE.
CITY-STATE-ZIP CLEARWATER FL 34625

TITLE DVS
NAME LEACH, MARGARET
STREET ADDRESS 1603 N. HERCULES AVE.
CITY-STATE-ZIP CLEARWATER FL 34625

TITLE T
NAME SWEDISH, CHRISTINE
STREET ADDRESS 1603 N. HERCULES AVE.
CITY-STATE-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
NEW ADDRESS SAME AS #2 ABOVE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
NEW ADDRESS SAME AS #2 ABOVE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
NEW ADDRESS SAME AS #2 ABOVE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

813-248-0334

Daytime Phone: #

CR2E034 (12/95)