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 # **P94000037552 (4)**

1. Corporation Name

CRAZY RIVER TRADING COMPANY, INC.

Principal Place of Business

30305 NE 96TH PL
SALT SPRINGS FL 32134

Mailing Address

30305 NE 96TH PL
SALT SPRINGS FL 32134

3. Date Incorporated or Qualified: **05/13/1994**

3a. Date of Last Report: **08/03/1995**

4. FEI Number: **59-3248995** ☐ 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. 199.042 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **99 NW 1st Avenue**
Suite, Apt. #, etc.
22
City & State
23 **High Springs, Florida**
Zip 24 **32643** County 25 **Alachua**

2a. Mailing Address

26 **Rt 1, Box 445**
Suite, Apt. #, etc.
27
City & State
28 **High Springs, Florida**
Zip 29 **32643** County 30 **Alachua**

9. Name and Address of Current Registered Agent

BARRETT, RICHARD L
940 HIGHLAND AVE
ORLANDO FL 32803

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 617.1502, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATONA, MICHAEL R POB 130 NA SANIBEL ISLAND FL 33957	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERARDI, EDWARD L 13810-1 LAKE MCGREGOR DR FT MYERS FL 33919	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/S/T 6808 NW 284th TERRACE High Springs, Fl 32643	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D/P WIGGINTON, ANISA B. PO BOX 2520 HIGH SPRINGS, FL 32655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: Edward Berardi — 4-4-96 — 904-454-3257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)