

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000037552 (4)**

1. Corporation Name
CRAZY RIVER TRADING COMPANY, INC.

Principal Place of Business
**99 NW 1ST AVENUE
HIGH SPRINGS FL 32643
US**

Mailing Address
**RT 1 BOX 445
HIGH SPRINGS FL 32643-9901
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1994	3a. Date of Last Report 04/29/1996
21. Suite, Apt. #, etc.	26. 6808 NW 284TH TERR	4. FEI Number 59-3248995		Applied For Not Applicable	
22. City & State	27. HIGH SPRINGS FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. 32643	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. US	30. US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BARRETT, RICHARD L 940 HIGHLAND AVE ORLANDO FL 32803		81 Name RICHARD L. BARRETT 82 Street Address (P.O. Box Number is Not Acceptable) 255 S. ORANGE AVENUE 83 84 City ORLANDO FL 85 Zip Code 32853	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATONA, MICHAEL R	1.2 NAME	
STREET ADDRESS	6808 NW 284TH TERRACE	1.3 STREET ADDRESS	P.O. BOX 2520
CITY-ST-ZIP	HIGH SPRINGS FL	1.4 CITY-ST-ZIP	HIGH SPRINGS FL 32655 N/A
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERARDI, EDWARD L	2.2 NAME	
STREET ADDRESS	13810-1 LAKE MCGREGOR DR	2.3 STREET ADDRESS	6808 NW 284TH TERRACE
CITY-ST-ZIP	FT MYERS FL 33919	2.4 CITY-ST-ZIP	HIGH SPRINGS FL 32643
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINTON, ANISA B	3.2 NAME	
STREET ADDRESS	P O BOX 2520 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied 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 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 and changed, or in an attachment with an address.

SIGNATURE **Edward Berardi** **EDWARD BERARDI** **4-14-97** **904 454 3797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)