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 # **P94000044342 (1)**

1. Corporation Name

CRACKER BOYS, INCORPORATED

Principal Place of Business	Mailing Address
613 ST JOHNS AVE SUITE 101 PALATKA FL 32177	613 ST JOHNS AVE SUITE 101 PALATKA FL 32177

3. Date Incorporated or Qualified: **06/09/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 613 St. Johns Ave
22: Suite, Apt. #, etc:
23: City & State: Palatka, FL
24: Zip: 32177
25: Country: USA

2a. Mailing Address
26: P.O. Box 2611
27: Suite, Apt. #, etc:
28: City & State: Palatka, FL
29: Zip: 32178
30: Country: USA

4. FEI Number: **59-3254327** ☐ 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

9. Name and Address of Current Registered Agent

ALLEN, JACK W
613 ST JOHNS AVE SUITE 101
PALATKA FL 32177

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 _____ DATE

Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, JACK W		1.2 NAME		
STREET ADDRESS	613 ST JOHNS AVE SUITE 101		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, JACK W		2.2 NAME		
STREET ADDRESS	613 ST JOHNS AVE SUITE 101		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Jack W. Allen — 30 April 96 — 904-328-6680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jack W. Allen