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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000052280 (2)

1. Corporation Name

CRICKET INDUSTRIES, INC.



Principal Place of Business

1625 W. MARION STREET
SUITE 7
PUNTA GORDA FL 33950
US

Mailing Address

1625 W. MARION AVENUE
SUITE 7
PUNTA GORDA FL 33950-5200
US

2. Principal Place of Business

21 28380 WINTHROP CIR.
SUITE 7
22 Bonita Springs FL
City & State

2a. Mailing Address

26 28380 WINTHROP CIR.
SUITE 7
27 Bonita Springs, FL
City & State

23 Zip
24 33923

Country

25 Lee

Zip

29 33923

Country

30 Lee

3. Date Incorporated or Qualified

07/11/1994

3a. Date of Last Report

03/29/1996

4. FEI Number

65-0502444

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

THORSON, ROGER L
28380 WINTHROP CIR
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name Kimberly R. MATEIKO
82 Street Address (P.O. Box Number is Not Acceptable) 28380 WINTHROP CIRCLE
83 Bonita Springs
84 City
85 Zip Code FL 33923

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: *Kimberly R. Mateiko* Kimberly R. MATEIKO Vice Pres 4/18/97
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	THORSON, ROGER L	28380 WINTHROP CIR	BONITA SPRINGS FL 33923	<input type="checkbox"/>
D	MATEIKO, KIMBERLY R	352 CASALE G. ST	PUNTA GORDA FL 33983	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE: *Kimberly R. Mateiko* Kimberly R. MATEIKO 4/18/97 947-5714
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)