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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham.

Secretary of State

DIVISION OF CORPORATIONS 1996 P95000003009 (4) DOCUMENT # 1. Corporation Name THE CRAFTER'S VILLAGE, INC. Principal Place of Business Mailing Address 2123 U.S. 27 S 2123 U.S. 27 S SEBRING FL 33870 SEBRING FL 33870 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-054-9573 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zin Florida Statutes Yes No 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HUBER, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 82 2123 U.S. 27 S. 83 SEBRING FL 33870 Zip Code 85 84 City Fl 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 007,0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Addition Change TITLE 1 1 TILE E Lawrence Huber 1.2 NAME -BASSETT, ETHEL M NAME 2123 U S 27 South 2123 U.S. 27 S. 1.3 STREET ADDRESS STREET ADDRESS Sebring FL 33870 SEBRING PL 33870 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition ħ 2.1 TIELE D 5 T TiT. £ HUBER, CHRISTINE 2.2 NAME NAME 2123 U.S. 27 S. 2.3 STREET ADDRESS STREET ADDRESS SEBRING FL 33870 2.4 C-TY - ST - ZIF CITY-ST-ZIP [] DELETE ☐ Change Addition 3 1 THE TITLE 3.2 N.M. NAME 3.3 STHEE! ADDRESS STREET ADDRESS 3 <u>4 OITY - ST - ZIP</u> CITY-S1-ZIP Change Addition DELETE 4.1 Juli 8 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 C TY ST-7.P City -St-7iP DDDDDD1829470 -05/20/96--01049--018 ***208.75 Addit on DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STRECT ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - S1 - ZIF Change Addition DELETE 6 1 THEF THILE 6.2 NAM: NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this firing 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 early; 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 attainment with an address

6.4 CIFY: \$1.70°

SIGNATURE:

STREET ADDRESS

941.385-1213

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