

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

APPROVED
AND
FILED

97 MAY 28 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996-1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000025945 1. Corporation Name H.M. CRAVER ENTERPRISES, INC.		

Principal Place of Business 6383 44TH AVENUE NORTH ST. PETERSBURG, FL 33709	Mailing Address 6383 44TH AVENUE NO ST PETERSBURG, FL 33709
--	--

2. Principal Place of Business 21 6383 44TH AVE NORTH Suite, Apt. #, etc. 22 City & State 23 ST PETERSBURG, FL Zip 24 33709	2a. Mailing Address 25 6383 44TH AVE NORTH Suite, Apt. #, etc. 27 City & State 28 ST PETERSBURG, FL Zip 29 33709	Country 25 US Country 30 US
--	---	--------------------------------------

3. Date Incorporated or Qualified MARCH 31, 1995	3a. Date of Last Report N/A
---	--------------------------------

4. FEI Number 59-3316593	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 HARRY VALE 6383 44TH AVENUE NORTH ST. PETERSBURG, FL 33709

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and official application) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHARLOTTE MEHLER VALE 6383 44TH AVE NORTH ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/TREASURER HARRY VALE 6383 44TH AVE NORTH ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY VICTORIA LYNN VALE 6383 44TH AVE NORTH ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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. I changed, or on an attachment with an address.

SIGNATURE: HARRY M. VALE TREASURER 5-23-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)