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

FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P95000069703

1. Corporation Name

Grandpa's Crafters Mall, Inc.

Principal Place of Business	Mailing Address
4600 Canal Rd. Lake Wales, FL 33853	4600 Canal Rd. Lake Wales, FL 33853

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: September 5, 1995
4. FEI Number: 59-3337764 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Harold W. Morrow
Route 2 Box 6006
Lake City, FL 32024

10. Name and Address of New Registered Agent

81 Name: Kermit R. Horne
82 Street Address (P.O. Box Number is Not Acceptable): ~~4600 Canal Rd.~~
83
84 City: ~~Lake Wales~~ Lake Wales FL
85 Zip Code: 33853

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] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~Dir.-Pres.-Treas~~	☒ DELETE	1.1 TITLE	Dir - Pres	☒ Change ☐ Addition
NAME	Shelby Strickland		1.2 NAME	Kermit R. Horne	
STREET ADDRESS	Route 2 Box 6006		1.3 STREET ADDRESS	4600 Canal Rd.	
CITY-ST-ZIP	Lake City, FL 32024		1.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	Dir - Sec.	☒ DELETE	2.1 TITLE	Sec - Treas- Dir	☒ Change ☐ Addition
NAME	Harold W. Morrow		2.2 NAME	Annie L. Horne	
STREET ADDRESS	Route 2 Box 6006		2.3 STREET ADDRESS	4600 Canal Rd.	
CITY-ST-ZIP	Lake City, FL 32024		2.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
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		

4/6/5

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CR2E034 (10/97)

14. I 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: Annie L. Horne — ANNIE L. HORNE — 6-1-98 — 941-439-1537

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