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 # P95000069732 (2)

1. Corporation Name
INDIO CRAB, INC.

Principal Place of Business
12954 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618

Mailing Address
12954 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618

3. Date Incorporated or Qualified: 09/06/1995
3a. Date of Last Report: N/A

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

4. FEI Number: 59-3358414 — 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
SCHWENCKE, KERRY R
1645 PALM BEACH LAKE BOULEVARD
SUITE 720
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name: Kim M. Schwencke
82 Street Address (P.O. Box Number is Not Acceptable): 1603 N. Rubinson Drive
83 City: Temple Terrace, Fla
84 State: FL
85 Zip Code: 336.7

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 title if applicable) (NOTE: Registered Agent's signature required when registering) DATE: 1/22/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SCHWENCKE, KIM	
STREET ADDRESS	12954 NORTH DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	~~VD~~	☑ DELETE
NAME	~~PARKER, GERRY~~	
STREET ADDRESS	~~12954 NORTH DALE MABRY HIGHWAY~~	
CITY-ST-ZIP	~~TAMPA FL 33618~~	
TITLE	~~STD~~	☑ DELETE
NAME	~~HERN, ALEX~~	
STREET ADDRESS	~~12954 NORTH DALE MABRY HIGHWAY~~	
CITY-ST-ZIP	~~TAMPA FL 33618~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary - Treasurer	☑ Change ☑ Addition
1.2 NAME	Paul F. Todd	
1.3 STREET ADDRESS	12954 N Dale Mabry Hwy	
1.4 CITY-ST-ZIP	Tampa, Fla 33618	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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 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: _____ 1/22/96 813-264-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kim M. Schwencke

CR2E034 (12/95)