

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

FILED

Apr 11 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 # P95000084296 (9)

1. Corporation Name

CRAZY LEGS PRODUCTION COMPANY, INC.

Principal Place of Business

1052 HIGHWAY 92 WEST
AUBURNDALE FL 33823

Mailing Address

1052 HIGHWAY 92 WEST
AUBURNDALE FL 33823

3. Date Incorporated or Qualified
10/25/1995

3a. Date of Last Report
01/22/1996

2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

-APPLIED FOR- 59-3351710

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

ARTMAN, STEPHEN H
908 SOUTH FLORIDA AVE., SUITE 102
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
STELZER, HAROLD L
STREET ADDRESS
1316 MAGDALENE COURT
CITY - ST - ZIP
LAKELAND FL 33801

1.2 TITLE ☐ DELETE

NAME
CONSTANT, HARLEY II
STREET ADDRESS
124 ELAINE DRIVE
CITY - ST - ZIP
AUBURNDALE FL 33823

1.3 TITLE ☐ DELETE

NAME
CONSTANT, HARLEY SR.
STREET ADDRESS
124 ELAINE DRIVE
CITY - ST - ZIP
AUBURNDALE FL 33823

1.4 TITLE ☐ DELETE

NAME
TO, VINCENT
STREET ADDRESS
1052 HWY 92 WEST
CITY - ST - ZIP
AUBURNDALE FL 33823

1.5 TITLE ☐ DELETE

NAME
DCEO
STELZER, HAROLD L
STREET ADDRESS
1316 MAGDALENE COURT
CITY - ST - ZIP
LAKELAND FL 33801

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

SIGNATURE:

HAROLD L. STELZER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

941-967-1535

Daytime Phone

0624222

CR2E034 (9/96)