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

Mailing Address

PROFIT CORPORATION annual report

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084491 (5)

CRIB CITY OF FLORIDA, INC.

appears in Block 12 or Block 13

SIGNATURE:

3222 STONEWATER DR 3222 STONEWATER DR LAKELAND FL 33803 **LAKELAND FL 33803-5975** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Zip 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TORRE, JORGE J Name 3222 STONEWATER DR Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33803 83 84 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 Sugnature: Typero or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE □ DELETE 1.1 TITLE Change Addition TORRE, JORGE J NAME 1.2 NAME 3222 STONEWATER DR STREET ADDRESS 1.3 STREET ADDRESS **LAKELAND FL 33803** CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE THUE Change Addition 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - ZIP 2 4 City-St-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition NAMÉ 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4. CITY - ST - ZIP THILE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIF 4.4 CITY - ST - ZIP DELETE THLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TIBLE ■ DELETE 6.1 TITLE ☐ Change Addition NAME 62 NAME STREET ACORESS 6.3 STREET ADDRESS CITY-ST-7IP 64 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 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

ment with an address