FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S05562** **(1)**

1. Corporate Name
KEVIN P. CRAIG, INC.

Principal Place of Business	Mailing Address
1602 MARKET CIRCLE. UNIT 7 PORT CHARLOTTE FL 33953	1602 MARKET CIRCLE. UNIT 7 PORT CHARLOTTE FL 33953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/08/1990**	3a. Date of Last Report **01/27/1994**
4. FEI Number **65-0223972**	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 was initially incorporated prior to 1972. Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. # or Rm. # — 22	State, Apt. # or Rm. # — 27
City & State — 23	City & State — 28
ZIP — 24 / County — 25	ZIP — 29 / County — 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEDERER, JOEL O ESQ. 2733-B TAMIAMI TR PORT CHARLOTTE FL 33952	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 Section 607.1505, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE	D	☐ Change ☐ Addition
NAME	CRAIG, KEVIN P.	
STREET ADDRESS	1173 BARBOUR AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	PST	☐ Change ☐ Addition
NAME	CRAIG, KEVIN P.	
STREET ADDRESS	1173 BARBOUR AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 of changed, or on an attachment with an address.

SIGNATURE: *Kevin P Craig* KEVIN P CRAIG- Pres. 5-1-95 813-625-9531
SIGNATURE OF NEW OFFICER OR DIRECTOR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0338282 CP