

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

FILED

Apr 28 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # **S61229 (8)**

1. Corporation Name

**THE CRAZY CONCH, INC.**

Principal Place of Business

Mailing Address

**2945 APPALOOSA BLVD  
MELBOURNE, FL  
32934**

**SAME  
AS**

3. Date Incorporated or Qualified  
**6/17/91**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

4. FEI Number

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

10. Name and Address of New Registered Agent

**MILLER, ROBERT K  
2975 OVERSEAS HWY  
MARATHON, FL 33050-0938**

81. Name

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

83. City

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typeset or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ANN WILLIAMS</b>             | 1.2 NAME                                              | <b>DP</b>                                                                    |
| STREET ADDRESS             | <b>2945 APPALOOSA BLVD.</b>     | 1.3 STREET ADDRESS                                    | <b>2945 APPALOOSA BLVD.</b>                                                  |
| CITY-STATE-ZIP             | <b>MELBOURNE, FLA 32934</b>     | 1.4 CITY-STATE-ZIP                                    | <b>MELBOURNE, FLA 32934</b>                                                  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEE WILLIAMS</b>             | 2.2 NAME                                              | <b>DV</b>                                                                    |
| STREET ADDRESS             | <b>2945 APPALOOSA BLVD.</b>     | 2.3 STREET ADDRESS                                    | <b>2945 APPALOOSA BLVD.</b>                                                  |
| CITY-STATE-ZIP             | <b>MELBOURNE, FLA 32934</b>     | 2.4 CITY-STATE-ZIP                                    | <b>MELBOURNE, FLA 32934</b>                                                  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-STATE-ZIP             |                                 | 3.4 CITY-STATE-ZIP                                    |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-STATE-ZIP             |                                 | 4.4 CITY-STATE-ZIP                                    |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-STATE-ZIP             |                                 | 5.4 CITY-STATE-ZIP                                    |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-STATE-ZIP             |                                 | 6.4 CITY-STATE-ZIP                                    |                                                                              |

|                       |         |
|-----------------------|---------|
| 400002159994          | 4/28/97 |
| -04/30/97--01021--014 |         |
| ***165.00             |         |

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 furnished 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: **Nanput A. Williams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/97**

**(407) 254-2417**

Date Daytime Phone #

CR2E034 (9/96)