SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -8 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V51206 (3)

1. Corporation Name
C-CRAFT, INC.

Principal Place of Business	Mailing Address
RT 2 BOX 2-A HWY 98 PORT ST JOE FL 32456	RT 2 BOX 2-A HWY 98 PORT ST JOE FL 32456

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1992
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business	2a. Mailing Address
21 2880 Hwy. 98 West	26 2880 Hwy. 98 West
22 Suite, Apt. #, etc. Port St. Joe, Fl.	27 Suite, Apt. #, etc.
23 City & State: Port St. Joe, FL.	28 City & State: Port St. Joe, Fl.
24 Zip: 32456 — 25 County: Gulf	29 Zip: 32456 — 30 County: Gulf

4. FEI Number: NOT APPLICABLE ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ARNOLD, JEAN F
RT 2 BOX 84
PORT ST JOE FL 32456

Jean F. Arnold
8060 Hwy. 98 West
Port St. Joe, Fl. 32456

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 registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	DP Jean F. Arnold ☑ Change ☐ Addition
NAME	ARNOLD, JEAN F	1 2 NAME	8060 Hwy 98 West
STREET ADDRESS	RT 2 BOX 84	1 3 STREET ADDRESS	Port St. Joe, Fl.
CITY ST ZIP	PT ST JOE FL	1 4 CITY ST ZIP	
TITLE	DAS	2 1 TITLE	☐ Change ☐ Addition
NAME	SCOVEL, JANICE	2 2 NAME	
STREET ADDRESS	RT 6 BOX 400 #30	2 3 STREET ADDRESS	
CITY ST ZIP	THOMASVILLE GA	2 4 CITY ST ZIP	
TITLE	DS	3 1 TITLE	☐ Change ☐ Addition
NAME	HOUGH, MARION	3 2 NAME	
STREET ADDRESS	25 EARNEST ST	3 3 STREET ADDRESS	
CITY ST ZIP	QUINCY FL 32351	3 4 CITY ST ZIP	
TITLE	DT	4 1 TITLE	☐ Change ☐ Addition
NAME	SHOEMAKER, RALPH	4 2 NAME	
STREET ADDRESS	ROUTE 1, BOX 22	4 3 STREET ADDRESS	
CITY ST ZIP	KINARD FL 32449	4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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: Jean F. Arnold — 8-3-1995 — 904-227-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEAN F. ARNOLD

CR2E034 (3/95)

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