

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90195 047 ***150.00

DOCUMENT # 854153

1. Entity Name
CRAFCO INCORPORATED



Principal Place of Business
**420 NORTH ROOSEVELT AVENUE
CHANDLER AZ 85226
US**

Mailing Address
**P.O. DRAWER 23028
JACKSON MS 39225-3028
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **86-0324978**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **LAMPTON, LESLIE B.**
STREET ADDRESS **2829 LAKELAND DRIVE**
CITY-ST-ZIP **JACKSON MS**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Jackson MS 39232**

TITLE **STD** ☐ Delete
NAME **STONE, KATHRYN W.**
STREET ADDRESS **2829 LAKELAND DRIVE**
CITY-ST-ZIP **JACKSON MS**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Jackson MS 39232**

TITLE **VP** ☐ Delete
NAME **BROOKS, DONALD M.**
STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**
CITY-ST-ZIP **CHANDLER AZ 85226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **RIHERD, THOMAS S**
STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**
CITY-ST-ZIP **CHANDLER AZ 85226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **LAMPTON, WILLIAM W**
STREET ADDRESS **2829 LAKELAND DRIVE**
CITY-ST-ZIP **JACKSON MS**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Jackson MS 39232**

TITLE **V** ☐ Delete
NAME **MANNING, MARK C**
STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**
CITY-ST-ZIP **CHANDLER AZ 85226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MR. SIGNATURE REQUIRED** *Riherd, Jr* **1/20/03** **6022760406**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment
#854153

80637504

CRAFCO, INC.
86-0324978

ATTACHMENT TO FLORIDA 2003 UNIFORM BUSINESS REPORT

11. OFFICERS AND DIRECTORS - CONTINUED:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
A. PATRICK BUSBY
2829 LAKELAND DRIVE
JACKSON, MS 39232

☐ DELETE

** DO NOT USE FOR MAILING**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
J. RONALD ROBINSON
420 N. ROOSEVELT AVENUE
CHANDLER, AZ 85226

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LESLIE B. LAMPTON III
2829 LAKELAND DRIVE
JACKSON, MS 39232

☐ DELETE

** DO NOT USE FOR MAILING**