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

my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

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PROFIT May 28 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS 839812 DOCUMENT# 1. Corporation Name CROFT METALS, INC. Principal Place of Business Mailing Address 24TH STREET 24TH STEET DO NOT WRITE IN THIS SPACE **BOX 826** BOX 826 3. Date Incorporated or Qualified MCCOMB, MS 39648 MCCOMB, MS 39648 01/11/78 Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 64-0370477 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROBERTSON, TERRY Street Address (P.O. Box Number is Not Acceptable) 82 1441 ALAFAYA TRAIL 83 OVIEDO, FL 32765 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE X DELETE 1.1 TITLE Change MCGEHEE, CHARLES W. NAME 1.2 NAME 24TH STREET STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP MCCOMB, MS 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition ABDALLA, GERALD M. NAME 2.2 NAME 24TH STREET STREET ADDRESS 2.3 STREET ADDRESS MCCOMB, MS CITY - ST - ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition Carlisle, Todd 24th Street NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP McComb, MS DELETE TITLE 4.1 TITLE Change Addition 4.2 NAME NAME Cooper, Geoff STREET ADDRESS 4.3 STREET ADDRESS 24th Street CITY - ST - ZIP 4.4 CITY - ST - ZIP McComb, MS TITLE **DELETE** 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME **-05/28/98--**01075--028 STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP ***150.00 14. Thereby 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 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

CR2E034 (10/97)

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