

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # **854153** (4)

1. Corporation Name  
**CRAFCO INCORPORATED**



Principal Place of Business

6975 W CRAFCO WAY  
CHANDLER AZ 85226-2510  
US

Mailing Address

P.O. DRAWER 23028  
JACKSON MS 39225-3028  
US

3. Date Incorporated or Qualified <b>09/23/1982</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>86-0324978</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Country	29. Zip	30. Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMPTON, LESLIE B.</b>	1.2 NAME	
STREET ADDRESS	<b>2829 LAKELAND DRIVE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>JACKSON MS</b>	1.4 CITY- ST- ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, KATHRYN W.</b>	2.2 NAME	
STREET ADDRESS	<b>2829 LAKELAND DRIVE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>JACKSON MS</b>	2.4 CITY- ST- ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKS, DONALD M.</b>	3.2 NAME	
STREET ADDRESS	<b>6975 W. CRAFCO WAY</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CHANDLER AZ</b>	3.4 CITY- ST- ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIHERD, THOMAS S</b>	4.2 NAME	
STREET ADDRESS	<b>6975 W CRAFCO WAY</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CHANDLER AZ</b>	4.4 CITY- ST- ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMPTON, WILLIAM W</b>	5.2 NAME	
STREET ADDRESS	<b>2829 LAKELAND DRIVE</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>JACKSON MS</b>	5.4 CITY- ST- ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD, MARTIN L</b>	6.2 NAME	
STREET ADDRESS	<b>2829 LAKELAND DRIVE</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>JACKSON MS</b>	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: MR. *Thomas S. Rihard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96  
Date  
(602) 976-0406  
Daytime Phone #

CR2E034 (12/95)

CRAFCO, INC.  
89-0324978  
ATTACHMENT TO 1996 FLORIDA ANNUAL REPORT

<u>NAME</u>	<u>TITLE</u>	<u>STREET ADDRESS</u>
A. PATRICK BUSBY	VICE-PRESIDENT	2829 LAKELAND DRIVE JACKSON, MS 39208 **DO NOT USE FOR MAILING**
MARK C. MANNING	VICE-PRESIDENT	6975 W. CRAFCO WAY CHANDLER, AZ 85226
J. RONALD ROBINSON	VICE-PRESIDENT	6975 W. CRAFCO WAY CHANDLER, AZ 85226
LESLIE B. LAMPTON, III	DIRECTOR	2829 LAKELAND DRIVE JACKSON, MS 39208 **DO NOT USE FOR MAILING**