

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1982	3a. Date of Last Report 02/12/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 86-0324978	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
		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

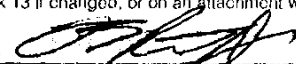
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPTON, LESLIE B.	1.2 NAME	
STREET ADDRESS	2829 LAKELAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, KATHRYN W.	2.2 NAME	
STREET ADDRESS	2829 LAKELAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DONALD M.	3.2 NAME	
STREET ADDRESS	6975 W. CRAFCO WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHANDLER AZ	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIHERD, THOMAS S	4.2 NAME	
STREET ADDRESS	6975 W CRAFCO WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHANDLER AZ	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPTON, WILLIAM W	5.2 NAME	
STREET ADDRESS	2829 LAKELAND DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MR.  T.S. Richard Jr. 3/4/97 (602) 276-0906

CR2E034 (9/96)

CRAFCO, INC.
86-0324978

ATTACHMENT TO 1997 FLORIDA CORPORATION ANNUAL REPORT

12. OFFICERS AND DIRECTORS - CONTINUED:

TITLE	V	<input type="checkbox"/> DELETE
NAME	A. PATRICK BUSBY	
STREET ADDRESS	2829 LAKELAND DRIVE	**DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MARK C. MANNING	
STREET ADDRESS	6975 W. CRAFCO WAY	
CITY-ST-ZIP	CHANDLER, AZ 85226	

TITLE	V	<input type="checkbox"/> DELETE
NAME	J. RONALD ROBINSON	
STREET ADDRESS	6975 W. CRAFCO WAY	
CITY-ST-ZIP	CHANDLER, AZ 85226	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LESLIE B. LAMPTON, III	
STREET ADDRESS	2829 LAKELAND DRIVE	**DO NOT USE FOR MAILING**
CITY-ST-ZIP	JACKSON, MS 39208	