.2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

854153 **DOCUMENT#**

1. Entity Name

CRAFCO INCORPORATED



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90195 047 ***150.00

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 f	Place of Busin	3. Mailing Address .					Ш						
Suite, Apt	. #, etc.	444444, , , , , , , , , , , , , , , , ,	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 86-032497				-	Applied For Not Applicable	
Zip Country			Zip	Zip Coun			5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registere	d Agent		ماريب ب	- 7.	Name	and Address of New R	egistered	Aσent		1
CT CORPORATION SYSTEM						Name ,							
	INE ISLAND					Street Address (P.O. Box Number is Not Acceptable)							
PLANTATI	ON FL 3332	4							- Maria]
				,		City				FL	Zip Cod	de	
8. The above the obligat	named entity tions of registe	submits this statement fo ered agent.	r the purpo	ose of changing its	registere	ed office or	registered a	igent, or	both, in the State of Fig	orida. Lam	familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if appli	cable. (NOTE	: Registered	l Agent signati	ure required wher	reinstating)	DATE			
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State					9.	Election Campaign Fir Trust Fund Contribution	~ _		00 May Be d to Fees]
10.		OFFICERS AND	DIRECTOR	RS	11.		A	OITICO	NS/CHANGES TO OFF	ICERS AND	DIRECTOR	IS IN 11	1
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		ROOSEVELT AVENUE	=			T ADDRESS							
CITY-ST-ZIP	CHANDLER	AZ 85226			CITY-	ST-ZIP				,			1
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indicated	on this report	information supplied with	true and a	courate and that m	u io exell	re chall be	ou in o c cior	1000L	ارم, Fluriua Statutes. I	rurmer cer	my that the it	normation	1

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.S. REQUIRES Charles

6022760406

#854153

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CRAFCO, INC. 86-0324978

CITY-ST-ZIP

ATTACHMENT TO FLORIDA 2003 UNIFORM BUSINESS REPORT

11. OFFICERS AND DIRECTORS - CONTINUED: TITLE DELETE NAME A. PATRICK BUSBY STREET ADDRESS 2829 LAKELAND DRIVE ** DO NOT USE FOR MAILING** CITY-ST-ZIP JACKSON, MS 39232 TITLE DELETE NAME J. RONALD ROBINSON STREET ADDRESS... 420 N. ROOSEVELT AVENUE-CITY-ST-ZIP CHANDLER, AZ 85226 TITLE D DELETE NAME LESLIE B. LAMPTON III STREET ADDRESS 2829 LAKELAND DRIVE ** DO NOT USE FOR MAILING**

JACKSON, MS 39232