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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G80240

(6)

## CRAFTSMAN CONTRACTORS, INC.

## **FILED** Apr 03 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						I FORTAFA BETOF DEFAR OLDEN ON BANK ORDAN OLDEN				
55 SOUTH B S P.O. BOX 1845 PENSACOLA F	52	P.O. BOX 184 P.O. BOX 18452 PENSAÇOLA FL 32523-8452								
US	C 92301	US				3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1984 04/16/1996			eport	
·	Place of Business	2e. Mailing Address				4. FEI Number	.d	At	oplied For	
21	The same of the sa	26			59-2377182	Not Applicable \$8.75 Additional				
Sulte, Apt.	#, BIC.	Suite, Apt. #. etc.			5. Certificate of Status Desired			Additional equired		
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip Country				8. This corporation has liability for in	langible te		12	
24	25]	29	30	,			Yes 🔲		199.032,	
	9. Name and Address of Curren		1.7.71			10. Name and Address of New Re		ent		
SULLIVAN, PATRICK S.					Name					
414 BAY BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			e)			
PEN										
				83						
				84	City			85 Zip	Code	
44 Durayand	to the provisions of Spalions 607 000	2 and 607 1509 Elysida Ctahi	too the si		romod oor	porolion submits this statement for the p	FL		lo ropintorod	
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was alions of, Section 607,0505, FI	authorize Iorida Stat	d by utes	the corporat	oralion submits this statement for the p ion's board of directors. I hereby accep	t the appoin	lment as	registered	
SIGNATURE	Signature, typed or printed transic of registered age					eć when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		RECTOR	IS IN 12	
TITLE	<b>OP</b>	☐ DELETE 1.11		1.1 1013.6		The same time and the same and the same time to the same time to the same time to the same time time time to the same time time time time time time time ti		Change	Addition	
NAME	SULLIVAN, PATRICK S.		1.2 N/	<b>IME</b>					Ì	
STREET ADDRESS	414 BAY BLVD.	1.3 S		1.3 STREET ADDRESS						
CITY - ST - ZIP	PENSACOLA FL		1,4 CITY		1-20°					
TITLE	DST			2.1 T(TLE			L.	Change	Addition	
NAME	SULLIVAN, MARY J.		2.2 NA							
STREET ADDRESS	1124 TALL PINE TR. GULF BREEZE FL				ADDRESS					
CITY-ST-ZIP TITLE	GOLF DREEZE FL	DELFIE	2. 4 C 3.1 Tr		1 - ZIP		<del>-</del>	Change	Addition	
NAME		CJ Met II	3.2 N/				L.	1 Octalige	L Addition	
STREET ADDRESS					ADDRESS					
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NAME			4.2 N	AME						
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concreby 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 toport 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 corpy ation 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 41 if the page described in the receiver of the receiver of the receiver of 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 allachment with an address.