

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

FILED

Feb 13 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 # K59287 (8)

1. Corporation Name
JIM & RUTH CRADDOCK INC.



Principal Place of Business 3610 FISCAL COURT RIVIERA BEACH FL 33404	Mailing Address 3610 FISCAL COURT RIVIERA BEACH FL 33404-1723
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3. Date Incorporated or Qualified 01/19/1989	3a. Date of Last Report 01/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0096831 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CRADDOCK JAMES DAVID
6914 141ST LANE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name CATHERINE BAKER	82 Street Address (P.O. Box Number is Not Acceptable) 18364 FLAGSHIP CIRCLE
83	
84 City JUPITER	85 Zip Code FL 33458

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: Catherine Baker, States/Director January 01, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRADDOCK, JIM		1.2 NAME	
STREET ADDRESS 3610 FISCAL COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP RIVIERA BEACH FL		1.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRADDOCK, RUTH		2.2 NAME	
STREET ADDRESS 3610 FISCAL COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP RIVIERA BEACH FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE S-T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME CATHERINE BAKER	
STREET ADDRESS		3.3 STREET ADDRESS 3610 FISCAL COURT	
CITY-ST-ZIP		3.4 CITY-ST-ZIP RIVIERA BEACH FL 33404	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: Ruth A. Craddock RUTH A. CRADDOCK/DP 01-01-97 (561) 622-4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)