

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M08473 (4)

1. Corporation Name

CRAFT DISTON INDUSTRIES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O JOHN J. MURPHY
3293 E. 11TH AVENUE
HIALEAH FL 33013

3239 N. HILLSIDE
3293 E. 11TH AVENUE
WICHITA KS 67219
US

3. Date Incorporated or Qualified
12/03/1984

3a. Date of Last Report
03/21/1995

4. FEI Number

59-2481437

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

3239 N. Hillside

Suite, Apt #, etc

21. Suite, Apt #, etc

22. City & State

27. City & State

Wichita, KS

23. Zip

Country

28. Zip

67219

Country

USA

24. 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, JOHN J.
3293 E 11 AVENUE
HIALEAH FL 33013

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 in printed name of registered agent and the corporation

NOTE: Registered Agent signature required when reinstating

(Date)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PTD
MURPHY, JOHN J.
554 S MAIZE RD.
WICHITA KS

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD
COOMBS, EUGENE G.
421 EAST 3RD
WICHITA KS

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

VD
Carl E. Fry
717 Butler
Valley Center, KS 67147

Change Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

ST
Karen D. Mott
22300 Myran Rd.
Goddard, KS 67052

Change Addition

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

Change Addition

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

Change Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

Change Addition

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Murphy

6-7-96

(316) 838-8502