## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT

Sandra B. Morth

Secretary of Stat DIVISION OF CORPOR TIONS

DOCUMENT # M87769 (9)

KRAFTRONICS, INC.

**FILED** 

Feb 27 1998 8:00am

Secretary of State

Principal Place of Business		Mailing Address	Mailing Address			-{	r graff miætt miðji átafi fæði	
3025 W. NINE MILE ROAD PENSACOLA FL 32534		3025 W. NINE MILE ROAD PENSACOLA FL 32534				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 07/01/1988	JI NOL	
2. Principal Place of Business 21		2a. Mailing Addr 26	2a. Mailing Address 26			4. FEI Number 59-2894232	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	<del>}</del>			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζφ <b>29</b>	29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
LORREN, LONNIE D. 324 S ALCANIZ ST					Name Street Addres	ess (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32501				83	3			
			Į.	84	City	FL	85 Zip Code	
<ol> <li>Pursuant to the office or registe agent. I am far</li> </ol>	provisions of Sections 607, ered agent, or both, in the S niliar with, and accept the o	0502 and 607.1508, Floridate of Florida. Such chan bligations of, Section 607.	da Statutes, the ab ge was authorized 0505, Florida Stati	ove by tes	i-named corpo the corporatio	oration submits this statement for the purpose on s board of directors. I hereby accept the app	f changing its registered pointment as registered	
SIGNATURE	ure, typed or profind name of regedens				nt signature required			

agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE Signature, byted or product parce of regelected agent and little 4 applicable. (NOTE Registered Agent signature required when reinstating)  DATE											
12.	OFFICERS AND DIRECTORS		13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN							
TITLE	VD	DELETE	1.1 TITLE	☐ Change	Addition						
NAME	STOKES, CLIFTON R., JR.		1.2 NAME								
STREET ADDRESS	3025 W. NINE MILE RD.		1.3 STREET ADDRESS								
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP								
TITLE	PD	DELETE	2 1 TITLE	☐ Change	☐ Addition						
NAME	CRAFT, MILTON J.		22 NAME								
STREET ADDRESS	3025 W. NINE MILE RD.		23 STREET ADDRESS								
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY+ST+ZIP								
TITLE	\$	DELETE	3.1 TITLE	☐ Change	Addition						
NAME	CRAFT, ELAINE A		3.2 NAME		}						
STREET ADDRESS	3025 WEST 9 MILE RD		3.3 STREET ADDRESS								
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-ST-ZIP								
TITLE		DELETE	4.1 TITLE	☐ Change	Addition						
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		☐ DELETE	5 1 TITLE	☐ Change	☐ Addition						
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		☐ DELETE	6.1 TITLE	☐ Change	Addition						
NAME			6.2 NAME								
STREET ADORESS			6.3 STREET ADDRESS								
					- 1						

14. I 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:

Milton J. Crost 1-7-98