FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:29

DOCUMENT # P22830 (4)

1. Corporation Name
CRAIG GENERAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5444 ARLINGTON TX 76005-5444	P.O. BOX 5444 ARLINGTON TX 76005-5444

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 3901 Airport Fwy Suite, Apt. #, etc. 22 Ste 210 City & State 23 Bedford, TX Zip 24 76021 Country 25	2a. Mailing Address 26 3901 Airport Fwy Suite, Apt. #, etc. 27 Ste 210 City & State 28 Bedford, TX Zip 29 76021 Country 30

3. Date Incorporated or Qualified: 02/01/1989
3a. Date of Last Report: 02/10/1994
4. FEI Number: 75-2050009 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and date signed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	CD ☐ Change ☐ Addition
NAME	CRAIG, JAMES F.	12 NAME	James F Craig
STREET ADDRESS	7308 HIX COURT	13 STREET ADDRESS	3020 Iron Stone
CITY-ST-ZIP	COLLEYVILLY TX	14 CITY-ST-ZIP	Arlington, Texas 76006
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	WATSON, HOWARD D.	22 NAME	
STREET ADDRESS	3603 SOFTWIND CT.	23 STREET ADDRESS	
CITY-ST-ZIP	GRAPEVINE TX	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CONRAD, CANDICE J.	32 NAME	
STREET ADDRESS	229 OAK TREE LANE	33 STREET ADDRESS	
CITY-ST-ZIP	MIDLOTHIAN TX	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	CONWAY, JANICE F.	42 NAME	
STREET ADDRESS	RT. 1 BOX 755	43 STREET ADDRESS	
CITY-ST-ZIP	KAUFMAN TX	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HOHMANN, DARRELL	52 NAME	
STREET ADDRESS	%P.O. BOX 5444	53 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Janice F. Conway Treasurer 2-2-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460770 FP