FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P22830** **(4)**

1. Corporation Name

CRAIG GENERAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
3901 AIRPORT FRWY SUITE 210 BEDFORD TX 76021 US	3901 AIRPORT FRWY SUITE 210 BEDFORD TX 76021 US

3. Date Incorporated or Qualified: **02/01/1989**

3a. Date of Last Report: **02/08/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **75-2050008** ☐ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CO	☐ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	CRAIG, JAMES F.		1.2 NAME	Michael D. Miller	
STREET ADDRESS	3020 IRON STONE		1.3 STREET ADDRESS	4509 Copperfield	
CITY-ST-ZIP	ARLINGTON TX		1.4 CITY-ST-ZIP	Grapevine, Texas 76051	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, HOWARD D.		2.2 NAME		
STREET ADDRESS	3603 SOFTWIND CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GRAPEVINE TX		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONRAD, CANDICE J.		3.2 NAME		
STREET ADDRESS	229 OAK TREE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLOTHIAN TX		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONWAY, JANICE F.		4.2 NAME		
STREET ADDRESS	RT. 1 BOX 755		4.3 STREET ADDRESS		
CITY-ST-ZIP	KAUFMAN TX		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOHMANN, DARRELL		5.2 NAME		
STREET ADDRESS	%P.O. BOX 5444		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ Candice J. Conrad — 1-24-96 — 817-540-1445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)