

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -8 AM 10:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P30479 (0)

1. Corporation Name
CRAIN INDUSTRIES, INC.

Principal Place of Business: **4300 S PHOENIX AVE. FORT SMITH AR 72903 US**
Mailing Address: **P.O. DRAWER 6478 FORT SMITH AR 72906**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/08/1990	3a. Date of Last Report 01/26/1994
4. FEI Number 71-0531011	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. 198.036, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

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 _____ (Signature, typed or printed name of registered agent and the filer)
DATE _____ (DATE Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIN, H.C., JR.	1.2 NAME	
STREET ADDRESS	4300 S. PHOENIX AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT SMITH AR	1.4 CITY - ST - ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, DONALD D., JR.	2.2 NAME	
STREET ADDRESS	4300 S. PHOENIX AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT SMITH AR	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCIARDI, MICHAEL A.	3.2 NAME	
STREET ADDRESS	4300 S. PHOENIX AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT SMITH AR	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIN, SHIRLEY	4.2 NAME	
STREET ADDRESS	4300 S. PHOENIX AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FORT SMITH AR	4.4 CITY - ST - ZIP	
TITLE	AST	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUINN, KENNETH F.	5.2 NAME	DAVE NEWTON
STREET ADDRESS	4300 S. PHOENIX AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FORT SMITH AR	5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: DAVE NEWTON **DAVE NEWTON** Asst. Sec/Treas **Asst. Sec/Treas** 7/26/95 **7/26/95** 501-648-8133 **501-648-8133**
DATE: _____

CR2E034 (3/95)