

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000009588 (4)
 1. Corporation Name
CRAFTSMAN GROUP, INC.



Principal Place of Business 8404 FRANKLIN RD PLANT CITY FL 33565	Mailing Address 8404 FRANKLIN RD PLANT CITY FL 33565
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 5509 Ike Smith Rd	26 5509 Ike Smith Rd		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State Plant City, FL		City & State Plant City, FL	
23	28		
Zip 33565	Country U.S.A	Zip 33565	Country U.S.A
24	25	29	30

3. Date Incorporated or Qualified 12/07/1992	4. FEI Number 59-3151960	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent JONES, BRUCE R 8404 FRANKLIN RD PLANT CITY FL 33565		10. Name and Address of New Registered Agent	
		81 Name Bruce R Jones	
		82 Street Address (P.O. Box Number is Not Acceptable) 5509 Ike Smith Rd	
		83	
		84 City Plant City	85 Zip Code FL 33565

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 *Bruce R Jones* *Bruce R Jones* **4-21-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BRUCE R	1.2 NAME	Jones, Bruce R
STREET ADDRESS	8404 FRANKLIN RD	1.3 STREET ADDRESS	5509 Ike Smith Rd
CITY-ST-ZIP	PLANT CITY FL 33565	1.4 CITY-ST-ZIP	Plant City, FL 33565
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	HEIL, DESMOND	2.2 NAME	
STREET ADDRESS	5505 IKE SMITH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 *Bruce R Jones* *Bruce R Jones* **4-21-98**

CR2E034 (10/97)