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FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000014493 (6)
 1. Corporation Name
CRAFT INDUSTRIES, INCORPORATED



Principal Place of Business: **580 E HIGHWAY 27 PERRY FL 32347**
 Mailing Address: **580 E HIGHWAY 27 PERRY FL 32347-5022**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	580 Hwy 27 EAST	26	P.O. Box 1512	02/12/1996	First
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23	Perry FL	28	Perry FL	59-3358658	
24	32347	29	32348	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	U.S.A.	30	U.S.A.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

CRAFT, WILLIAM E JR
580 E HIGHWAY 27
PERRY FL 32347

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: *William E Jr* DATE: *April 30, 1997*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	CRAFT, WILLIAM E JR	1.2 NAME	
STREET ADDRESS	RT 1 BOX 1540	1.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	CRAFT, BRUCE W	2.2 NAME	
STREET ADDRESS	RT 1 BOX 1540	2.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	
NAME	CRAFT, WILLIAM E SR	3.2 NAME	
STREET ADDRESS	RT 1 BOX 1540	3.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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, trustee or assignee 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: *William E Jr* DATE: *April 30, 1997*

CR2E034 (9/96)