

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

FILED

**Mar 05 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Craft Industries, Inc.
22 City & State	27 P.O. Box 1512
23 Zip	28 Perry, FL
24 Country	29 32348
25	30 USA

3. Date Incorporated or Qualified 02/12/1996	
4. FEI Number 59-3358658	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CRAFT, WILLIAM E JR
580 E HIGHWAY 27
PERRY FL 32347**

10. Name and Address of New Registered Agent

81 Name William E. Craft Jr.	
82 Street Address (P.O. Box Number is Not Acceptable) 204 Woodgate Drive	
83	
84 City Perry	85 Zip Code FL 32347

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CRAFT, WILLIAM E JR	
STREET ADDRESS	RT 1 BOX 1540	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CRAFT, BRUCE W	
STREET ADDRESS	RT 1 BOX 1540	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CRAFT, WILLIAM E SR	
STREET ADDRESS	RT 1 BOX 1540	
CITY-ST-ZIP	PERRY FL 32347	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William E. Craft Jr.	
1.3 STREET ADDRESS	204 Woodgate Drive	
1.4 CITY-ST-ZIP	Perry, FL 32347	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 _____ (850) 584-5157

CR2E034 (10/97)