

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90021 007 ***150.00

DOCUMENT # P96000014493

1. Corporation Name CRAFT INDUSTRIES, INCORPORATED

Principal Place of Business

580 E HIGHWAY 27 PERRY FL 32347

Mailing Address

CRAFT INDUSTRIES, INC PO BOX 1512 PERRY FL 32348 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/12/1996
4. FEI Number 59-3358658
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 owes the current year Intangible Personal Property Tax. [X] No

2. Principal Place of Business
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
CRAFT, WILLIAM E JR
204 WOODGATE DRIVE
PERRY FL 32347

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] PRESIDENT 6 Jan 1999 DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE P
1.2 NAME CRAFT, WILLIAM E JR
1.3 STREET ADDRESS 204 WOODGATE DRIVE
1.4 CITY-ST-ZIP PERRY FL 32347
1.5 TITLE DV
1.6 NAME CRAFT, BRUCE W
1.7 STREET ADDRESS RT 1 BOX 1540
1.8 CITY-ST-ZIP PERRY FL 32347
1.9 TITLE DST
1.10 NAME CRAFT, WILLIAM E SR
1.11 STREET ADDRESS RT 1 BOX 1540
1.12 CITY-ST-ZIP PERRY FL 32347
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY-ST-ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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, with all other like empowered.

SIGNATURE: [Signature] 1-6-99 584-9193 DATE Daytime Phone #

CR2E034 (11/98)