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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039575 (0)

FILED Apr 27 1998 8:00am Secretary of State

CRAFTON ESTATE, INC. Principal Place of Business Mailing Address 3434 KNIGHTS STATION RD. 3434 KNIGHTS STATION RD LAKELAND FL 33809 LAKELAND FL 33809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 5. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Ζıp Country a. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY SIZEMOLE 1201 HAYS STREET 82 ress (P.O. Box Number is Not Acceptable)
3 484 KNIGHTS STATION Rd. TALLAHASSEE FL 32301-2525 83 CAKE LAN City 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, bysed or priviled name of registered agent and title if applic OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Change Addition NAME SIZEMORE, PAUL R 1.2 NAME 3434 KNIGHTS STATION RD. STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP LAKELAND FL 33809 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME KNAPP, EVA 2.2 NAME 3434 KNIGHTS STATION RD. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST- ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13/11 shaped, or one public chapter in the production of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13/11 shaped, or one public chapter in the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee employees the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee employees.

SIGNATURE: Sauch Aigener Paul R. Sizen

4/15/98 (941) 553-8459 Delle Dayline Phone # 0417213