

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S05562** (1)
1. Corporation Name
KEVIN P. CRAIG, INC.

Principal Place of Business
**1602 MARKET CIRCLE, UNIT 7
PORT CHARLOTTE FL 33953**

Mailing Address
**1602 MARKET CIRCLE, UNIT 7
PORT CHARLOTTE FL 33953**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0223972	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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 LEDERER, JOEL O ESQ. 2733-B TAMiami TR PORT CHARLOTTE FL 33952		10. Name and Address of New Registered Agent	
81	Name KEVIN P. CRAIG	82	Street Address (P.O. Box Number is Not Acceptable) 1602 MARKET CIRCLE, UNIT 7
83	City	84	City PORT CHARLOTTE FL
85	Zip Code 33953		

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 *Kevin P. Craig* **KEVIN P. CRAIG** **4-12-98**
Signature typed or printed name of each registrant and date 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 P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAIG, KEVIN P.		1.2 NAME KEVIN P. CRAIG	
STREET ADDRESS 1173 BARBOUR AVE		1.3 STREET ADDRESS 21503 CARLETON AVE.	
CITY-ST-ZIP PORT CHARLOTTE FL		1.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952	
TITLE PST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CRAIG, KEVIN P.		2.2 NAME ELAINE CRAIG	
STREET ADDRESS 1173 BARBOUR AVE		2.3 STREET ADDRESS 21503 CARLETON AVE.	
CITY-ST-ZIP PORT CHARLOTTE FL		2.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952	
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: *Kevin P. Craig* **KEVIN P. CRAIG** **3-30-98** **941-625-9531**

CR2E034 (10/97)