

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

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90012 014 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V05486**

1. Corporation Name  
**CRIGHTON INDUSTRIES, INC.**



Principal Place of Business <b>4320-A W OSBORNE AVE TAMPA FL 33614 US</b>	Mailing Address <b>P O BOX 151718 TAMPA FL 33684 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4320 W. Osborne Ave</b>		2a. Mailing Address 26 <b>P.O. Box 151718</b>		3. Date Incorporated or Qualified <b>01/09/1992</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3109001</b>	
City & State 23 <b>Tampa, FL</b>		City & State 28 <b>Tampa, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33614</b>		Zip 29 <b>33684</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CREIGHTON, TERRANCE C. 1215 BEACON HILL DR TAMPA FL 33624</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City <b>FL</b>	
		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	<b>CREIGHTON, TERRANCE</b>		
STREET ADDRESS	<b>1215 BEACON HILL DR</b>		
CITY-ST-ZIP	<b>TAMPA FL</b>		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	<b>CREIGHTON, JERALDINE</b>		
STREET ADDRESS	<b>145 BEACON HILL DRIVE</b>		
CITY-ST-ZIP	<b>TAMPA FL 33613</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	<b>1215 Beacon Hill Dr</b>		
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, with all other like empowered.

SIGNATURE:  **President** 9-13-99 813-874-8383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)