

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90344 041 ***150.00

DOCUMENT # 854153

1. Entity Name

CRAFCO INCORPORATED

Principal Place of Business

**420 NORTH ROOSEVELT AVENUE
CHANDLER AZ 85226
US**

Mailing Address

**P.O. DRAWER 23028
JACKSON MS 39225-3028
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **86-0324978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LAMPTON, LESLIE B.**
STREET ADDRESS **2829 LAKELAND DRIVE**
CITY-ST-ZIP **JACKSON MS**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **STONE, KATHRYN W.**
STREET ADDRESS **2829 LAKELAND DRIVE**
CITY-ST-ZIP **JACKSON MS**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **BROOKS, DONALD M.**
STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**
CITY-ST-ZIP **CHANDLER AZ 85226**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AS** ☐ Delete
NAME **RIHERD, THOMAS S**
STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**
CITY-ST-ZIP **CHANDLER AZ 85226**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **LAMPTON, WILLIAM W**
STREET ADDRESS **2829 LAKELAND DRIVE**
CITY-ST-ZIP **JACKSON MS**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **MANNING, MARK C**
STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**
CITY-ST-ZIP **CHANDLER AZ 85226**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01 **(602) 276-0406**
Date Daytime Phone #

CR2E034 (10/00)

Attachment
AW 27860

D # 854153

CRAFCO, INC.
86-0324978

ATTACHMENT TO FLORIDA 2001 UNIFORM BUSINESS REPORT

11. OFFICERS AND DIRECTORS - CONTINUED:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
A. PATRICK BUSBY
2829 LAKELAND DRIVE
JACKSON, MS 39208

☐ DELETE

** DO NOT USE FOR MAILING**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
J. RONALD ROBINSON
420 N. ROOSEVELT AVENUE
CHANDLER, AZ 85226

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LESLIE B. LAMPTON III
2829 LAKELAND DRIVE
JACKSON, MS 39208

☐ DELETE

** DO NOT USE FOR MAILING**