

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90043 031 \*\*\*150.00

080-36-AT

**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

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

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **LAMPTON, LESLIE B.**  
 STREET ADDRESS **2829 LAKELAND DRIVE**  
 CITY-ST-ZIP **JACKSON MS**

TITLE **STD** ☐ Delete  
 NAME **STONE, KATHRYN W.**  
 STREET ADDRESS **2829 LAKELAND DRIVE**  
 CITY-ST-ZIP **JACKSON MS**

TITLE **VP** ☐ Delete  
 NAME **BROOKS, DONALD M.**  
 STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**  
 CITY-ST-ZIP **CHANDLER AZ 85226**

TITLE **AS** ☐ Delete  
 NAME **RIHERD, THOMAS S**  
 STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**  
 CITY-ST-ZIP **CHANDLER AZ 85226**

TITLE **VPD** ☐ Delete  
 NAME **LAMPTON, WILLIAM W**  
 STREET ADDRESS **2829 LAKELAND DRIVE**  
 CITY-ST-ZIP **JACKSON MS**

TITLE **V** ☐ Delete  
 NAME **MANNING, MARK C**  
 STREET ADDRESS **420 NORTH ROOSEVELT AVENUE**  
 CITY-ST-ZIP **CHANDLER AZ 85226**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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. T. S. Rihard**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/02**  
 Date

**(602) 276-0406**  
 Daytime Phone #

CR2E034 (9/01)

# Attachment # 854153

B0042870

CRAFCO, INC.  
86-0324978

## ATTACHMENT TO FLORIDA 2002 UNIFORM BUSINESS REPORT

### 11. OFFICERS AND DIRECTORS - CONTINUED:

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | V                   | <input type="checkbox"/> DELETE |
| NAME           | A. PATRICK BUSBY    |                                 |
| STREET ADDRESS | 2829 LAKELAND DRIVE | ** DO NOT USE FOR MAILING**     |
| CITY-ST-ZIP    | JACKSON, MS 39208   |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | V                       | <input type="checkbox"/> DELETE |
| NAME           | J. RONALD ROBINSON      |                                 |
| STREET ADDRESS | 420 N. ROOSEVELT AVENUE |                                 |
| CITY-ST-ZIP    | CHANDLER, AZ 85226      |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | LESLIE B. LAMPTON III |                                 |
| STREET ADDRESS | 2829 LAKELAND DRIVE   | ** DO NOT USE FOR MAILING**     |
| CITY-ST-ZIP    | JACKSON, MS 39208     |                                 |