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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



300037809283

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
**1982**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

Aug 2 11 05 AM 1982

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: **Secretary of State**

1 Name and Address of Corporation, Partnership, etc.		2 Enter One of the Following Office Addresses	
017109 THE CORPORATION COMPANY C/O C T CORPORATION SYSTEM 100 WEST 10TH STREET WILMINGTON, DEL 19899		Office, P.O. Box No. _____ Street Address _____ P.O. Box No. _____ City _____ State _____	

3 Date of Incorporation or Organization in Florida	4 Filing Fee Number (FE No.)	5 Date of Last Filing
06/18/1925	51-0099484	06/30/1981

Name and Address of Each Director, Officer, or Shareholder	Address	City, State and Zip Code
THORNE, OAKLEIGH	P/D 100 W. 10TH ST.	WILMINGTON, DE
STEPHENSON, HORACE	V/D 100 W. 10TH ST.	WILMINGTON, DE
BEMPSEY, FRED	SAB <del>100 W. 10TH ST.</del>	<del>WILMINGTON, DE</del>
MCLELLAN, DAVID	T 100 W. 10TH ST.	WILMINGTON, DE
ALLEN, DONALD R. (ASST)	S 100 BISCAYNE BLVD.	MIAMI, FL
KELLY, ROBERT J. (ASST)	S 118 1/2 E. JEFFERSON ST	TALLAHASSEE, FL
KLINGENSBER, ELLEN	S 100 W. 10TH ST.	WILMINGTON, DE
GRIGSBY, JAMES	V/D 100 W. 10TH ST.	WILMINGTON, DE

Registered Agent Information	
A Name and Address of Registered Agent	B Name and Address of Filing Agent
C T CORPORATION SYSTEM 100 BISCAYNE BLVD. MIAMI, FL 33132	Name _____ Street Address (Do NOT Use P.O. Box Numbers) _____ City, State and Zip Code _____

9. Pursuant to the provisions of sections 607, 608 and 612 of the Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent and its registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by the Board of Directors on \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

**\$3.00 additional fee required for Registered Agent changes.**

10 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Signature <i>D.R. McLellan</i>	Date June 24, 1982
Typed Name of Signing Officer David B. McLellan	Title Treasurer
Telephone Number _____	