

[Empty rectangular box]

\_\_\_\_\_  
(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



500037809265

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION  
ANNUAL REPORT



STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

APPROVED  
SAC  
FILED

JUN 19 2 31 PM 1979

← READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES →

1 Name and Address of Corporation Principal Office

017109  
THE CORPORATION COMPANY  
C/O C T CORPORATION SYSTEM  
100 WEST 10TH STREET  
WILMINGTON, DEL 19899

If above address is incorrect in any way, enter the correct address in Item 2 Include Zip Code

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address  
P.O. Box No  
City  
State Zip Code

3 Date Incorporated or Qualified To Do Business in Florida

6/18/1925

4 Federal Employer Identification Number (FEIN)

51-0099484

5 Date of Last Report

1978

6 Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
THORNE, OAKLEIGH	P/D	100 W. 10TH ST.	WILMINGTON, DE
STEPHENSON, HORACE <del>GROVERICK, JIMMY</del>	V/D	100 W. 10TH ST.	WILMINGTON, DE
DEMPSEY, ALFRED	S/D	100 W. 10TH ST.	WILMINGTON, DE
HOPKINS, THOMAS	T/D	100 W. 10TH ST.	WILMINGTON, DE
ALLEN, DONALD R.	Asst.S.	100 Biscayne Blvd.	Miami, Fla.
KELLY, ROBERT J.	Asst.S.	118 1/2 E. Jefferson St.	Tallahassee, Fla.
HOFFMAN, KENNETH F.	Asst.S.	118 1/2 " "	" "
WAINRIGHT, PATRICIA	Asst.S.	118 1/2 " "	" "

7 Registered Agent Information

Name  
C T CORPORATION SYSTEM  
Street Address (Do NOT Use P.O. Box Number)  
100 BISCAYNE BLVD.  
City, State and Zip Code  
MIAMI, FL 33132

If you wish to change Registered Agent on this form, enter all new information below

Name  
Street Address (Do NOT Use P.O. Box Number)  
City, State and Zip Code

8 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 Effects As if Made Under Oath.

DO NOT WRITE IN THIS SPACE

*6/4 7/19/79*

Typed Name of Signing Officer

Thomas R. Hopkins

Title

Treasurer

Telephone Number

Signature

*J. R. Hopkins*

Date

6/26/79