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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 139488 (1)
1. Corporation Name
BABCOCK FLORIDA COMPANY



Principal Place of Business
8000 STATE RD. 31
-STE: #31-
PUNTA GORDA FL 33982
US

Mailing Address
2220 PALMER ST
P O BOX 8348
PITTSBURGH PA 15218-0348
US

3. Date Incorporated or Qualified 08/16/1940
3a. Date of Last Report 04/29/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 8000 State Road #31
23 City & State
24 Zip Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

4. FEI Number 25-0335554
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FARR, E. DRAYTON Jr.
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	Director & Chairman <input type="checkbox"/> DELETE
NAME	BABCOCK, FRED C
STREET ADDRESS	2220 PALMER ST
CITY - ST - ZIP	PITTSBURGH PA
TITLE	DT <input type="checkbox"/> DELETE
NAME	STILLITANO, CARL P
STREET ADDRESS	2220 PALMER ST
CITY - ST - ZIP	PITTSBURGH PA
TITLE	SD <input type="checkbox"/> DELETE
NAME	FARR, E DRAYTON JR
STREET ADDRESS	115 WEST OLYMPIA AVE
CITY - ST - ZIP	PUNTA GORDA FL 33950
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	DIXON, BOYCE D
STREET ADDRESS	8000 STATE RD. 31
CITY - ST - ZIP	PUNTA GORDA FL 33982
TITLE	DPCEO <input type="checkbox"/> DELETE
NAME	Richard S. Cuda
STREET ADDRESS	8000 State Road 31
CITY - ST - ZIP	Punta Gorda FL 33982
TITLE	V & Gen.Mgr. <input type="checkbox"/> DELETE
NAME	Howard L.DeVane
STREET ADDRESS	8000 State Road 31
CITY - ST - ZIP	Punta Gorda FL 33982

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director & Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	Director/President/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard S. Cuda
5.3 STREET ADDRESS	8000 State Road 31
5.4 CITY - ST - ZIP	Punta Gorda FL 33982
6.1 TITLE	Vice Pres. & Gen.Mgr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Howard L.DeVane
6.3 STREET ADDRESS	8000 State Road 31
6.4 CITY - ST - ZIP	Punta Gorda FL 33982

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE: *Carl P. Stillitano* Carl P. Stillitano/Treasurer 3/12/97 (412)351-8405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)