

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 145314 (1)

1. Corporation Name
J.W. CONNER & SONS, INC.

Principal Place of Business
**4100 E 7TH AVE
P.O. BOX 2522
TAMPA FL 33601**

Mailing Address
**4100 E 7TH AVE
P.O. BOX 2522
TAMPA FL 33601**

**APPROVED
AND
FILED**

95 APR 27 AM 7:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/26/1945

3a. Date of Last Report
04/29/1994

4. FEI Number
59-0554002

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

2. Principal Place of Business
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2a. Mailing Address
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Country
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9. Name and Address of Current Registered Agent
**CONNER, DOUGLAS B
4100 E 7TH AVE
TAMPA FL 33605**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CSTD
NAME	CONNER, DOUGLAS
STREET ADDRESS	4100 EAST SEVENTH AVENUE
CITY-ST-ZIP	TAMPA FL 33605
TITLE	P
NAME	CONNER, DONALD L
STREET ADDRESS	4100 E. SEVENTH AVENUE
CITY-ST-ZIP	TAMPA FL 33605
TITLE	V
NAME	CONNER, JACK R SR
STREET ADDRESS	4100 E. SEVENTH AVENUE
CITY-ST-ZIP	TAMPA FL 33605
TITLE	V
NAME	CONNER, JACK R JR
STREET ADDRESS	4100 E. SEVENTH AVENUE
CITY-ST-ZIP	TAMPA FL 33605
TITLE	V
NAME	CONNER, JAMES A
STREET ADDRESS	4100 E. SEVENTH AVENUE
CITY-ST-ZIP	TAMPA FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONNER, DONALD L.
2.3 STREET ADDRESS	4100 E. SEVENTH AVENUE
2.4 CITY-ST-ZIP	TAMPA, FL 33605
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CONNER, JACK R., SR.
3.3 STREET ADDRESS	4100 E. SEVENTH AVENUE
3.4 CITY-ST-ZIP	TAMPA, FL 33605
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	OMIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on the record 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 if changed, or on an attachment with an address.

SIGNATURE: Douglas B. Conner **Douglas B. Conner** 4/24/95 813 247-4441
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #