

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **280467** (2)  
1. Corporation Name  
**HUSMANN & CO.**



Principal Place of Business  
**625 N RIVER DR  
APT #102  
STUART FL 34994  
US**

Mailing Address  
**625 N RIVER DR  
APT #102  
STUART FL 34994  
US**

2. Principal Place of Business  
21 **602 S.W. Pine Tree Lane**  
Suite Apt. #, etc.  
22  
City & State  
23 **Palm City, FLORIDA**  
Zip  
24 **34990** 25 **U.S.A.**

2a. Mailing Address  
26 **602 S.W. Pine Tree Lane**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Palm City, Florida**  
Zip  
29 **34940** 30 **U.S.A.**

3. Date Incorporated or Qualified  
**04/14/1964**

3a. Date of Last Report  
**02/08/1995**

4. FEI Number  
**59-1036581**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**MARGARET HUSMANN  
625 N. RIVER DR. #102  
STUART FL 34994**

81 Name  
**CORYNNE H. CARTER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**602 S.W. Pine Tree Lane**

83

84 City  
**Palm City** FL 85 Zip Code  
**34990**

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 officer 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 *Corynne H. Carter* **CORYNNE H. CARTER** DATE **April 30, 1996**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARGARET C. HUSMANN,</b>	
STREET ADDRESS	<b>625 N. RIVER DR.</b>	
CITY - ST - ZIP	<b>STUART FL 34994</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARTER, CORYNNE</b>	
STREET ADDRESS	<b>602 SOUTH PINE TREE LANE</b>	
CITY - ST - ZIP	<b>PALM CITY FL 33490</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARTHA H. DOBES,</b>	
STREET ADDRESS	<b>2898 RIVERMEADE DR. N.W.</b>	
CITY - ST - ZIP	<b>ATLANTA GA 30327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOBES, WILLIAM L</b>	
STREET ADDRESS	<b>2898 RIVERMEADE DR., N.W.</b>	
CITY - ST - ZIP	<b>ATLANTA GA 30327</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUGO, CARTER</b>	
STREET ADDRESS	<b>602 S. PINE TREE LANE</b>	
CITY - ST - ZIP	<b>PALM CITY FL 33490</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>MARTHA H. DOBES</b>	
3. STREET ADDRESS	<b>2898 RIVERMEADE DR. N.W.</b>	
4. CITY - ST - ZIP	<b>ATLANTA, GA 30327</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	<b>VT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>CORYNNE H. CARTER</b>	
3. STREET ADDRESS	<b>602 S.W. PINE TREE LN.</b>	
4. CITY - ST - ZIP	<b>PALM CITY FL 34990</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<b>SEC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	<b>HUGO A. CARTER</b>	
5. STREET ADDRESS	<b>602 S.W. PINE TREE LN.</b>	
5. CITY - ST - ZIP	<b>PALM CITY FL 34990</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>MARGARET C. HUSMANN</b>	
6. STREET ADDRESS	<b>625 N. RIVER DR.</b>	
6. CITY - ST - ZIP	<b>STUART FL 34994</b>	

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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE *Corynne H. Carter* **CORYNNE H. CARTER** DATE **April 30, 1996** (407) 287-4469

CR2E034 (12/95)