

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90009 014 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS -

DOCUMENT # 348619

1. Corporation Name
ADMIRAL CORPORATION



Principal Place of Business EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32151	Mailing Address EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32151
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/27/1969

4. FEI Number
59-1438029

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARDNER, JAMES E	
STREET ADDRESS	EXECUTIVE OFFICE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CUFF, ROBERT G	
STREET ADDRESS	1 CORPORATE DR	
CITY-ST-ZIP	PALM COAST FL 32151	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	ROOT, DAVID	
STREET ADDRESS	EXECUTIVE OFFICE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, SAM JR	
STREET ADDRESS	EXECUTIVE OFFICE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CALLEA, CHARLES	
STREET ADDRESS	EXECUTIVE OFFICE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GARD, VICTORIA	
STREET ADDRESS	EXECUTIVE OFFICE	
CITY-ST-ZIP	PALM COAST FL	

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	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/T/D CHARLES J. CALLEA
5.3 STREET ADDRESS	1 CORPORATE DR
5.4 CITY-ST-ZIP	PALM COAST, FL 32151
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 _____ ROBERT G. CUFF, JR. 4/20/99 (904) 445 2677
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)