

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 455589 (2)

1. Corporation Name  
**THE C.W. EMANUEL COMPANY, INC.**



Principal Place of Business: 3006 20TH STREET PO BOX 1179 VERO BEACH FL 32960  
Mailing Address: 3006 20TH STREET PO BOX 1179 VERO BEACH FL 32960

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

3. Date Incorporated or Qualified: 06/28/1974  
3a. Date of Last Report: 01/20/1995  
4. FEI Number: 59-1540923  
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: EMANUEL, C. W., JR. 3006 20TH STREET VERO BEACH FL 32960  
10. Name and Address of New Registered Agent (81-85)  
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: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | P<br>EMANUEL, C. W.<br>230 NEWPORT DRIVE<br>VERO BEACH FL        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 1.4 CITY-STATE-ZIP                                    |  |
| TITLE                      | V<br>MILLER, W. B., JR.<br>HOME PLANTATION<br>ATTAPULGUS GA      | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 2.4 CITY-STATE-ZIP                                    |  |
| TITLE                      | ST<br>EMANUEL, TAMSON LYNN<br>230 NEWPORT DRIVE<br>VERO BEACH FL | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 3.4 CITY-STATE-ZIP                                    |  |
| TITLE                      | <input type="checkbox"/> DELETE                                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 4.4 CITY-STATE-ZIP                                    |  |
| TITLE                      | <input type="checkbox"/> DELETE                                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 5.4 CITY-STATE-ZIP                                    |  |
| TITLE                      | <input type="checkbox"/> DELETE                                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             |  | 6.4 CITY-STATE-ZIP                                    |  |

14. I do hereby certify that the information supplied with this filing was truthfully 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, changed, or on an amendment with an address.

SIGNATURE: \_\_\_\_\_ PRESIDENT

01/18/96 407-562-0420

CR2E034 (12/95)