

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **858096** (1)
1. Corporation Name
NATSCO, INC.



Principal Place of Business Mailing Address
**661 EAST DAVIS ST
PO BOX 447
ELBA AL 36323**

3. Date Incorporated or Qualified **10/12/1983** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **63-0853037** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 Zip Country 29 Zip Country 30

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**HODGES, E. PEYTON
15 SOUTH ORANGE AVENUE
ORLANDO FL 32801**

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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the incorporator. (NOTE: Registered Agent signature required when beneficial)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BRUNSON, J. R. 661 E. DAVIS ST. ELBA AL	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	V BRUNSON, WILLIAM L J 661 E DAVIS ST ELBA AL	<input type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS	TD MURDOCK, M. L. 661 E. DAVIS ST. ELBA AL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	2.1 TITLE
		<input type="checkbox"/> DELETE	2.2 NAME
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	3.1 TITLE
		<input type="checkbox"/> DELETE	3.2 NAME
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	4.1 TITLE
		<input type="checkbox"/> DELETE	4.2 NAME
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE
		<input type="checkbox"/> DELETE	5.2 NAME
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE
		<input type="checkbox"/> DELETE	6.2 NAME
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	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 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, on an attachment with my address.

SIGNATURE: *[Signature]* **4/8/96** (334) 897-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Ex./Ins. Phone #

CR2E034 (12/95)