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FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000002043 (5)
 f. Corporation Name
JOHN BEAN COMPANY



Principal Place of Business
309 EXCHANGE AVENUE CONWAY AS 72032

Mailing Address
309 EXCHANGE AVENUE CONWAY AS 72032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1996

4. FEI Number
36-4070294

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

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
 Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	GOX, DAVID E	1.2 NAME	JOHN J. MILLER, JR.
STREET ADDRESS	309 EXCHANGE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CONWAY AS	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	LOVERINE, DENIS J	2.2 NAME	
STREET ADDRESS	309 EXCHANGE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONWAY AS	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	MARRINAN, SUSAN F	3.2 NAME	
STREET ADDRESS	309 EXCHANGE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CONWAY AS	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	CHAIRMAN, DIRECTOR
NAME	BERONJA, BRANKO M	4.2 NAME	
STREET ADDRESS	309 EXCHANGE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONWAY AS	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

David E. Gox *John J. Miller, Jr.* 4-27-98 (404) 654-6300

CR2E034 (10/97)