

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N30694** (6)
1. Corporation Name
AMERICAN ASSOCIATION OF STATE TROOPERS, INC.



Principal Place of Business: 1949 RAYMOND DIEHL ROAD, TALLAHASSEE FL 32308-3778, US
Mailing Address: 1949 RAYMOND DIEHL ROAD, TALLAHASSEE FL 32308-3778, US

3. Date Incorporated or Qualified: 02/14/1989
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3009568	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip		Zip		<input type="checkbox"/>	
23	Country	28	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24		29		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COX, J. ALAN 820 E. PARK AVE. SUITE F100 TALLAHASSEE FL 32301-2600				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFIN, HARRALL			1.2 NAME			
STREET ADDRESS	7810 DEER RUN COVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORDOVA TN 38018			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAY, ROBERT			2.2 NAME			
STREET ADDRESS	RT 9, BOX 81			2.3 STREET ADDRESS			
CITY-ST-ZIP	MORGANTOWN WV			2.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCOTT, GERALD			3.2 NAME	JOHNSON, CLAUDE		
STREET ADDRESS	225 EZELL PIKE			3.3 STREET ADDRESS	POST OFFICE BOX 209		
CITY-ST-ZIP	NASHVILLE TN			3.4 CITY-ST-ZIP	MEMPHIS, TN 38101		
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KITCHEN, SAMMIE			4.2 NAME			
STREET ADDRESS	1210 N. 5TH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	NATCHITOCHE LA			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, VIRGINIA			5.2 NAME			
STREET ADDRESS	403 STONE HOUSE RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			5.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, DAVID			6.2 NAME			
STREET ADDRESS	464 WINDRIDGE POINT			6.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTHAVEN MS			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Stewart* 1-24-96 904-385-7904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E037 (12/95)