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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30694 (6)**  
1. Corporation Name  
**AMERICAN ASSOCIATION OF STATE TROOPERS, INC.**



Principal Place of Business <b>1949 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308-3778 US</b>	Mailing Address <b>1949 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308-3841 US</b>
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3. Date Incorporated or Qualified <b>02/14/1989</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>59-3009568 59-2952895</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent  
**COX, J. ALAN  
820 E. PARK AVE.  
SUITE F100  
TALLAHASSEE FL 32301-2600**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**909 EAST PARK AVENUE**  
83  
84 City  
**FL** 85 Zip Code  
**32301**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, HARRALL	
STREET ADDRESS	7810 DEER RUN COVE	
CITY - ST - ZIP	CORDOVA TN 38018	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CLAY, ROBERT	
STREET ADDRESS	RT 9, BOX 81	
CITY - ST - ZIP	MORGANTOWN WV	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JOHNSON, CLAUDE	
STREET ADDRESS	P.O. BOX 209	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KITCHEN, SAMMIE	
STREET ADDRESS	1210 N. 5TH ST.	
CITY - ST - ZIP	NATCHITOCHES LA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, VIRGINIA	
STREET ADDRESS	403 STONE HOUSE RD.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, DAVID	
STREET ADDRESS	464 WINDRIDGE POINT	
CITY - ST - ZIP	SOUTHAVEN MS	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>PO BOX 243 (N/A)</b>
2.4 CITY - ST - ZIP	<b>REEDSVILLE, WV 26547</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>(N/A)</b>
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WITT, DAVID L.</b>
4.3 STREET ADDRESS	<b>3004 N. HEMBREE</b>
4.4 CITY - ST - ZIP	<b>MCMINNVILLE, OR 97128</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>W. WAYNE YORK</b>
6.3 STREET ADDRESS	<b>290 AMANDA COURT</b>
6.4 CITY - ST - ZIP	<b>OREGON CITY, OR 97045</b>

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *David Witt* **2/18/97** **904-385-7904**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007703

CR2E037 (9/96)