


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1949 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308-3778 US	Mailing Address 1949 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308-3778 US
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3. Date Incorporated or Qualified 02/14/1989
4. FEI Number 59-2952895
Applied For Not Applicable

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**COX, J. ALAN
 909 EAST PARK AVE
 SUITE F100
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 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 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 GRIFFIN, HARRALL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7810 DEER RUN COVE	1.2 NAME	
STREET ADDRESS	CORDOVA TN 38018	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD CLAY, ROBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 243 N/A	2.2 NAME	
STREET ADDRESS	REEDSVILLE WV	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD JOHNSON, CLAUDE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 209 N/A	3.2 NAME	
STREET ADDRESS	MEMPHIS TN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD WITT DAVID L	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3004 N HEMBREE	4.2 NAME	
STREET ADDRESS	MCMINNVILLE OR	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD JOHNSON, VIRGINIA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	403 STONE HOUSE RD.	5.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD W WAYN YORK	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	290 AMANDA CT	6.2 NAME	
STREET ADDRESS	OREGON CITY OR	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia Johnson* 2-21-98

CR2E037 (10/97)