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Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709243** (0)

1. Corporation Name

FLORIDA CHAMBER OF COMMERCE, INC.



Principal Place of Business	Mailing Address
136 SO. BRONOUGH STREET P.O. BOX 11309 TALLAHASSEE FL 32302	136 SO. BRONOUGH STREET P.O. BOX 11309 TALLAHASSEE FL 32302-3309 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/01/1965	3a. Date of Last Report 04/24/1996
4. FEI Number 59-0248200	Applied For Not Applicable
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
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	
RYLL, FRANK M., JR. 136 SO. BRONOUGH STREET TALLAHASSEE FL 32302	

10. Name and Address of New Registered Agent	
81 Name	LEON H. CASSELS
82 Street Address (P.O. Box Number is Not Acceptable)	136 S. BRONOUGH ST.
83	
84 City	TALLAHASSEE
85 Zip Code	FL 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 *Leon H. Cassels* **LEON H. CASSELS, CFO** **4/22/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P RYLL, FRANK M. JR
STREET ADDRESS	136 SO. BRONOUGH ST
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	SVP CASSELS LEON
STREET ADDRESS	136 S BRONOUGH ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	CD BEALL, ROBERT M II
STREET ADDRESS	1806 38 AVENUE EAST
CITY-ST-ZIP	BRADENTON FL 34208
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MENTZER, CARL F
STREET ADDRESS	777 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D THAYER, A B
STREET ADDRESS	1715 WESTSHORE BLVD #755
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	EVP WILSON, BLAKE
STREET ADDRESS	136 S BRONOUGH STREET
CITY-ST-ZIP	TALLAHASSEE FL

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	TREASURER LEON H. CASSELS
2.3 STREET ADDRESS	136 S. BRONOUGH ST.
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIRECTOR ROBERT M. BEALL, II
3.3 STREET ADDRESS	P.O. BOX 25207 N/A
3.4 CITY-ST-ZIP	BRADENTON, FL 34206
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHAIR D R. RAY GOODE
4.3 STREET ADDRESS	3600 N.W. 82 AVE.
4.4 CITY-ST-ZIP	MIAMI, FL 33166 - 60623
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHAIR ELECT D EDDIE CARPENTER
5.3 STREET ADDRESS	PO BOX 10,000 N/A
5.4 CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830-1000
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VICE PRESIDENT BLAKE WILSON
6.3 STREET ADDRESS	136 S. BRONOUGH ST.
6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301

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 if changed, or on an attachment with an address.

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CR2E037 (9/96)