
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200037809292

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1983



George F. Eastman
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED
AND
FILED

JUL 13 10 00 AM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: **Secretary of State**

1 Name and Address of Corporation Principal Office

017107
THE CORPORATION COMPANY
% C.T. CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION, FL

33324

If above address is incorrect in any way, enter the correct address
in Part 2, including Zip Code

2 Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State

3 Date Incorporation or Qualifies
To Do Business in Florida

06/18/1925

4 Filing of Incorporation
Identification Number (FEIN)

51-0099484

5 Date of
Last Report

08/03/1982

6 Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (If NOT Use Post Office Box Numbers)	City and State	
ALLEN, DONALD R	A/S	100 BISCAYNE BLVD *	MIAMI, FLORIDA	0
MCLELLAN, DAVID	T	100 W 10TH ST	WILMINGTON, DE	0
THORNE, OAKLEIGH	P/O	100 W 10TH ST	WILMINGTON, DE	0
STEPHENSON, HORACE	V/D	100 W 10TH ST	WILMINGTON, DE	0
KELLY, ROBERT J	A/S	118 1/2 E JEFFERSON ST	TALLAHASSEE, FL	0
KLINGENER, ELLEN	S	100 W 10TH SST	WILMINGTON, DE	0
GRIGSBY, JAMES D.	V	100 W. 10th STREET	WILMINGTON, DE	
JONES, FRANK L.	A/S	118 1/2 E. JEFFERSON STREET	TALLAHASSEE, FL	
		*8751 W. BROWARD BLVD	PLANTATION FL	

Registered Agent Information

7 Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
6751 WEST BROWARD BLVD.
PLANTATION, FL

33324

8 Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box or Post)

City, State and Zip Code

9 Pursuant to the provisions of Chapters 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office, its registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by its Board of Directors on _____

SIGNATURE _____

(Registered Agent Accepting Appointment)

DATE _____

\$3.00 additional fee required for Registered Agent changes.

10

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath

Signature

David R. McLellan

Date

6/24/83

Typed Name of Signing Officer

David R. McLellan

Title

Treasurer

Telephone Number