
(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



300037809283

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

CORPORATION
ANNUAL REPORT

1982



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

Aug 2 11 35 AM 1982

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, Partnership, etc.		2. Enter Check of Mailing and Filing Fee (If Mailed by Registered Agent, Office of the Secretary of State, or by Mail)	
017109 THE CORPORATION COMPANY C/O C T CORPORATION SYSTEM 100 WEST 10TH STREET WILMINGTON, DEL 19899		Street Address PO Box City State	

3. Date of Report (Must be filed by 12/31/82)	4. Filing Fee (See Instructions)	5. Date of Report (Must be filed by 12/31/82)
06/18/1982	51-0099484	06/30/1981

6. Name and Address of Each Director, Officer, and Shareholder (If Mailed by Registered Agent, Office of the Secretary of State, or by Mail)	7. Name and Address of Each Director, Officer, and Shareholder (If Mailed by Registered Agent, Office of the Secretary of State, or by Mail)	8. Name and Address of Each Director, Officer, and Shareholder (If Mailed by Registered Agent, Office of the Secretary of State, or by Mail)
THORNE, OAKLEIGH STEPHENSON, HORACE BEMPEY, ALFRED MCLELLAN, DAVID ALLEN, DONALD R. (ASST) KELLY, ROBERT J. (ASST) KLINGENSBER, EILEEN GRIGSBY, JAMES	P/D V/D S/D T S S V/D	100 W. 10TH ST. 100 W. 10TH ST. 100 W. 10TH ST. 100 W. 10TH ST. 100 BISCAYNE BLVD. 118 1/2 E. JEFFERSON ST 100 W. 10TH ST. 100 W. 10TH ST.
WILMINGTON, DE WILMINGTON, DE WILMINGTON, DE WILMINGTON, DE MIAMI, FL TALLAHASSEE, FL WILMINGTON, DE WILMINGTON, DE		

9. Registered Agent Information	
A. Name and Address of Registered Agent (If Mailed by Registered Agent, Office of the Secretary of State, or by Mail)	
C T CORPORATION SYSTEM 100 BISCAYNE BLVD. MIAMI, FL 33132	
B. Name and Address of Registered Agent (If Mailed by Registered Agent, Office of the Secretary of State, or by Mail)	
Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code	
10. Such change was authorized by resolution duly adopted by the board of directors on _____	
SIGNATURE _____	DATE _____
(Registered Agent Accepting Appointment)	
\$3.00 additional fee required for Registered Agent changes.	

11. 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 I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath	
Signature _____	Date _____
Typed Name of Signing Officer David B. McLellan	Title Treasurer
Telephone Number _____	