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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 05 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, or Other Entity		2 Enter One of the Following Office Addresses (Do NOT use P.O. Box Number)	
017109 THE CORPORATION COMPANY C/O C T CORPORATION SYSTEM 100 WEST 10TH STREET WILMINGTON, DEL 19899		Street Address	
		P.O. Box	
		City	
		State	

3 Date of Incorporation or Organization in Florida	06/18/1925	4 Filing Number (FE No.)	51-0099484	5 Date First Filed	06/30/1981
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Name and Address of Each Director, Officer, or Shareholder (Do NOT use P.O. Box Number)	City, State and Zip Code
THORNE, OAKLEIGH P/D 100 W. 10TH ST.	WILMINGTON, DE
STEPHENSON, HORACE V/D 100 W. 10TH ST.	WILMINGTON, DE
BEMPEY, FRED S/D 100 W. 10TH ST.	WILMINGTON, DE
MCLELLAN, DAVID T 100 W. 10TH ST.	WILMINGTON, DE
ALLEN, DONALD R. (ASST) S 100 BISCAYNE BLVD.	MIAMI, FL
KELLY, ROBERT J. (ASST) S 118 1/2 E. JEFFERSON ST	TALLAHASSEE, FL
KLINGENSBER, ELLEN S 100 W. 10TH ST.	WILMINGTON, DE
GRIGSBY, JAMES V/D 100 W. 10TH ST.	WILMINGTON, DE

Registered Agent Information	
A Name and Address of Registered Agent	B Name and Address of Existing Registered Agent
C T CORPORATION SYSTEM 100 BISCAYNE BLVD. MIAMI, FL 33132	Name Street Address (Do NOT use P.O. Box Number) City, State and Zip Code

9. Pursuant to the provisions of sections 607.014 and 607.015, I, the undersigned, a duly authorized officer of the corporation, hereby certifies that the corporation is organized under the laws of the State of Florida and submits this statement for the purpose of changing its registered agent or its registered agent's office in the State of Florida.

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.

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 I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Signature <i>D.R. McLellan</i>	Date June 24, 1982
Typed Name of Signing Officer David B. McLellan	Title Treasurer
	Telephone Number