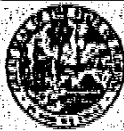


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 1:30

DOCUMENT # 108637 (0)  
1. Corporation Name  
W.S. BADCOCK CORPORATION

Principal Place of Business Mailing Address  
200 NORTH PHOSPHATE BLVD 200 NORTH PHOSPHATE BLVD  
P. O. BOX 497 P. O. BOX 497  
MULBERRY FL 33860 MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/10/1926 3a. Date of Last Report 03/25/1994  
4. FEI Number 59-0152010 Applied For Not Applicable  
5. Certificate of Status Desired  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
MEYER, JAMES R.  
225 S. CENTRAL AVENUE  
BARTOW FL 33830  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POU, WILLIAM K., SR.	1.2 NAME	
STREET ADDRESS	1003 PINEDALE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADCOCK, BEN M.	2.2 NAME	
STREET ADDRESS	1202 KELLS COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADCOCK, HENRY C	3.2 NAME	
STREET ADDRESS	1976 VISTA VIEW	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	
TITLE	VTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRTMAN, WILLIAM L	4.2 NAME	
STREET ADDRESS	200 N PHOSPHATE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MULBERRY FL	4.4 CITY - ST - ZIP	
TITLE	CD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADCOCK, WOGAN S., JR.	5.2 NAME	
STREET ADDRESS	7 BROOK LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND, FL 00000	5.4 CITY - ST - ZIP	
TITLE	VSD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADCOCK, WOGAN S., III	6.2 NAME	
STREET ADDRESS	3520 CREWS LAKE DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L. Girtman 3/17/95 (813) 425-4921  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
William L. Girtman, VP Fin/Treas