

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 29 1996 8:00 am
Secretary of State

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



Principal Place of Business: **200 NORTH PHOSPHATE BLVD P. O. BOX 497 MULBERRY FL 33960**
Mailing Address: **200 NORTH PHOSPHATE BLVD P. O. BOX 497 MULBERRY FL 33860**

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

3. Date Incorporated or Qualified: **03/10/1926** 3a. Date of Last Report: **03/24/1995**
4. FEI Number: **59-0152010** Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**MEYER, JAMES R.
225 S. CENTRAL AVENUE
BARTOW FL 33830**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0507, Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Secretary or Treasurer

Date

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	POU, WILLIAM K., SR.	
STREET ADDRESS	1003 PINEDALE DR	
CITY, ST, ZIP	PLANT CITY, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BADCOCK, BEN M.	
STREET ADDRESS	1202 KELLS COURT	
CITY, ST, ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BADCOCK, HENRY C	
STREET ADDRESS	1976 VISTA VIEW	
CITY, ST, ZIP	LAKELAND FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GIRTMAN, WILLIAM L	
STREET ADDRESS	200 N PHOSPHATE BLVD	
CITY, ST, ZIP	MULBERRY FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BADCOCK, WOGAN S., JR.	
STREET ADDRESS	7 BROOK LANE	
CITY, ST, ZIP	LAKELAND, FL 00000	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BADCOCK, WOGAN S., III	
STREET ADDRESS	3529 CREWS LAKE DR.	
CITY, ST, ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	3340 E. ST. RD. #540A
44 CITY, ST, ZIP	LAKELAND, FL 33813
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(a), 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 607, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM L. GIRTMAN, VP FIN/TREAS

3/20/96

(941)425-7529

CR2E034 (12/95)