

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 108637 (0)

1. Corporation Name
W.S. BADCOCK CORPORATION



Principal Place of Business 200 NORTH PHOSPHATE BLVD P. O. BOX 497 MULBERRY FL 33860	Mailing Address 200 NORTH PHOSPHATE BLVD P. O. BOX 497 MULBERRY FL 33860-0497
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3. Date Incorporated or Qualified 03/10/1926	3a. Date of Last Report 03/29/1996
4. FEI Number 59-0152010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P BADCOCK, BEN M.	1.2 NAME	
STREET ADDRESS	1202 KELLS COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP BADCOCK, HENRY C	2.2 NAME	
STREET ADDRESS	1976 VISTA VIEW	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VTD GIRTMAN, WILLIAM L	3.2 NAME	
STREET ADDRESS	3340 E ST ROAD 540A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD BADCOCK, WOGAN S.,JR.	4.2 NAME	
STREET ADDRESS	7 BROOK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSD BADCOCK, WOGAN S., III	5.2 NAME	
STREET ADDRESS	3529 CREWS LAKE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ASST SEC
STREET ADDRESS		6.3 STREET ADDRESS	BAGGETT, PATRICK C.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2242 PALMVIEW CIR. W. AUBURNDALE, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address.

SIGNATURE _____ (941) 425-7652

CR2E034 (9/96)