

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 108637

1. Entity Name

W.S. BADCOCK CORPORATION

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90044 031 ***150.00

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 FLA 33860-0497
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-0152010	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	CVD <input type="checkbox"/> Delete
NAME	BADCOCK, BEN M.
STREET ADDRESS	2820 OAKLAND AVE
CITY-ST-ZIP	LAKELAND FL
TITLE	VD <input type="checkbox"/> Delete
NAME	BADCOCK, HENRY C
STREET ADDRESS	1976 VISTA VIEW
CITY-ST-ZIP	LAKELAND FL
TITLE	AS <input type="checkbox"/> Delete
NAME	BAGGETT, PATRICK C.
STREET ADDRESS	2242 PALMVIEW CIR W.
CITY-ST-ZIP	AUBURNDALE FL
TITLE	VSD <input type="checkbox"/> Delete
NAME	BADCOCK, WOGAN S., III
STREET ADDRESS	3529 CREWS LAKE DR.
CITY-ST-ZIP	LAKELAND FL
TITLE	V <input type="checkbox"/> Delete
NAME	PRICE, MICHAEL J
STREET ADDRESS	2544 CREWS LAKE HILL LOOP N
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	PD <input type="checkbox"/> Delete
NAME	DONALD, MARK C
STREET ADDRESS	1600 COUNTRY TRAIL DR
CITY-ST-ZIP	SAFETY HARBOUR FL 34695

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	C/V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	AS/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Michael J. Price (863) 425-4621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael J. Price, SVP & CFO

CR2E034 (9/99)