


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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 120320 (7)
1. Corporation Name
WITHERS AND HARSHMAN INC

Principal Place of Business 526 PARK ST. P.O. BOX 1299 SEBRING FL 33871-1299 US	Mailing Address 526 PARK ST. P.O. BOX 1299 SEBRING FL 33871-1299 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1929	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0515060	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fees Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARSHMAN, W E
526 PARK ST
SEBRING FL 33870

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HARSHMAN, W E	1.2 NAME	
STREET ADDRESS	1416 N W LAKEVIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	SCHUMACHER, C. R.	2.2 NAME	
STREET ADDRESS	1901 DESOTO PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	ANDREWS, EMMETT	3.2 NAME	
STREET ADDRESS	2237 NE LAKEVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	LEHMAN, PATRICIA (ASST)	4.2 NAME	
STREET ADDRESS	2729 QUEENSWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	VICKERS, BARBARA	5.2 NAME	
STREET ADDRESS	1228 STENEAUWEE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	KOCH, LOUISE ASST	6.2 NAME	
STREET ADDRESS	1908 DELEON PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.R. Schumacher

1/15/98

941-385-5149

Date

Daytime Phone #

0419646

CR2E034 (10/97)