

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

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Apr 04 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 # 134054 (6)
 1. Corporation Name
STATE INVESTMENT COMPANY

Principal Place of Business P.O. BOX 23627 JACKSONVILLE FL 32241-3627 US	Mailing Address P.O. BOX 23627 JACKSONVILLE FL 32241-3627 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1937	3a. Date of Last Report 04/15/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0975800		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FOSTER, DAVID M 1300 RIVERPLACE BLVD JACKSONVILLE FL 32207		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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, P JEREMY JR	1.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKE, JOSEPH C	2.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, DAVID	3.2 NAME	
STREET ADDRESS	1300 RIVERPLACE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	TAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAVIN, THOMAS M.	4.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KENNETH P.	5.2 NAME	
STREET ADDRESS	9540 SAN JOSE BOULEVARD	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	5.4 CITY - ST - ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUEDERS, JACK C. JR.	6.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: Thomas M Glavin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

Date

904.448.3033

Daytime Phone #

CR2E034 (9/96)