

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 147786 (8)

1. Corporation Name
ROMAN J. CLAPROOD COMPANY OF FLORIDA



Principal Place of Business: CORNER COCKROACH BAY RD & US 41 P. O. BOX 37 SUN CITY FL 33586
Mailing Address: CORNER COCKROACH BAY RD & US 41 P. O. BOX 7037 SUN CITY FL 33586-7037 US

3. Date Incorporated or Qualified: 07/10/1946
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business
21 3604 US 41 SOUTH
22 CORNER COCKROACH BAY RD
23 SUN CITY, FLA.
24 33586
25 Country
26 P. O. BOX 7037
27 Suite, Apt. #, etc.
28 SUN CITY FLA.
29 33586
30 Country

4. FEI Number: 59-0641083
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

9. Name and Address of Current Registered Agent
SIMMONS, MABEL
307 MANATEE DR., S.W.
RUSKIN FL 33570

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMMONS, MABEL	
STREET ADDRESS	307 MANATEE DR., S.W.	
CITY-ST-ZIP	RUSKIN FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CLAPROOD, FLOYD R.	
STREET ADDRESS	242 N. GRANT AVE.	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GLISSON, DAMON	
STREET ADDRESS	649 GULF & SEA BLVD.	
CITY-ST-ZIP	APPOLLO BCH. FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	SIMMONS, MABEL	
STREET ADDRESS	307 MANATEE DR., S.W.	
CITY-ST-ZIP	RUSKIN FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BRUHN, MICHAEL	
STREET ADDRESS	200 WEST BERRY STREET	
CITY-ST-ZIP	FOLEY AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	Zip 33570
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	Zip 43215
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	Zip 33572
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	Zip 36535
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)(k), 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: Mabel Simmons, Pres. 1/17/96
DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)