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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3604 US 41 SOUTH
SUN CITY FL 33586
US

Mailing Address

PO BOX 7037
SUN CITY FL 33586-7037
US



3. Date Incorporated or Qualified
07/10/1946

3a. Date of Last Report
01/24/1996

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

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

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 type or printed name of registered agent as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SIMMONS, MABEL
STREET ADDRESS 307 MANATEE DR., S.W.
CITY-ST-ZIP RUSKIN FL

TITLE VPD
NAME CLAPROOD, FLOYD R.
STREET ADDRESS 242 N. GRANT AVE.
CITY-ST-ZIP COLUMBUS OH

TITLE AS
NAME GLISSON, DAMON
STREET ADDRESS 649 GULF & SEA BLVD.
CITY-ST-ZIP APPOLLO BCH. FL

TITLE TDS
NAME SIMMONS, MABEL
STREET ADDRESS 307 MANATEE DR., S.W.
CITY-ST-ZIP RUSKIN FL

TITLE AT
NAME BRUHN, MICHAEL
STREET ADDRESS 200 WEST BERRY STREET
CITY-ST-ZIP FOLEY AL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

846 BIRDIE WAY

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:

MABEL SIMMONS

3/4/97 813-645-1907

CR2E034 (9/96)