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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
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21-24: Suite, Apt #, etc., City & State, Zip, Country
25-30: Suite, Apt #, etc., City & State, Zip, Country

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 (81-85): Name, Street Address, City, State (FL), 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) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	SIMMONS, MABEL 307 MANATEE DR., S.W. RUSKIN FL	1.1 TITLE	
NAME:		1.2 NAME	
STREET ADDRESS:		1.3 STREET ADDRESS	
CITY - ST - ZIP:		1.4 CITY - ST - ZIP	
TITLE: VPD	CLAPROOD, FLOYD R. 242 N. GRANT AVE. COLUMBUS OH	2.1 TITLE	
NAME:		2.2 NAME	
STREET ADDRESS:		2.3 STREET ADDRESS	
CITY - ST - ZIP:		2.4 CITY - ST - ZIP	
TITLE: AS	GLISSON, DAMON 649 GULF & SEA BLVD. APPOLLO BCH. FL	3.1 TITLE	846 BIRDIE WAY
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY - ST - ZIP:		3.4 CITY - ST - ZIP	
TITLE: TDS	SIMMONS, MABEL 307 MANATEE DR., S.W. RUSKIN FL	4.1 TITLE	
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY - ST - ZIP:		4.4 CITY - ST - ZIP	
TITLE: AT	BRUHN, MICHAEL 200 WEST BERRY STREET FOLEY AL	5.1 TITLE	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP	
TITLE:		6.1 TITLE	
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY - ST - ZIP:		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 in an attachment with an address.

SIGNATURE: MABEL SIMMONS
MABEL SIMMONS
Date: 3/4/97 Daytime Phone #: 813-645-1907

CR2E034 (9/96)