

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

FILED
Apr 13 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 # 166295 (6)

1. Corporation Name
THE CANAVERAL CORPORATION

Principal Place of Business 1 TANKER TURN RD CAPE CANAVERAL FL 32920 US	Mailing Address P O BOX 524 CAPE CANAVERAL FL 32920 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1951	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number 59-0678913	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LULEY, CAROLINE J 1 TANKER TURN RD CAPE CANAVERAL FL 32920				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP LYNN LULEY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN LULEY	1.2 NAME	
STREET ADDRESS	1 TANKER TURN DR CAPE CANAVERAL FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P LULEY, JOSEPH C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LULEY, JOSEPH C	2.2 NAME	
STREET ADDRESS	1 TANKER TURN DRIVE CAPE CANAVERAL FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP LULEY, AMY J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LULEY, AMY J	3.2 NAME	
STREET ADDRESS	1 TANKER TURN RD CAPE CANAVERAL FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	BOD DOUGALSS, SHARON LULEY	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGALSS, SHARON LULEY	4.2 NAME	
STREET ADDRESS	1 TANKER TURN RD CAPE CANAVERAL FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	BOD BIRDSALL, JILLIAN DOUGLA	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRDSALL, JILLIAN DOUGLA	5.2 NAME	
STREET ADDRESS	1 TANKER TURN RD CAPE CANAVERAL FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: Carolyn J Luley 4/06/98 (407) 783-3030

CF2E034 (10/97)