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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 # 168193 (1)

1. Corporation Name  
WASHINGTON MILLS CERAMICS CORPORATION

Principal Place of Business  
31 AIRPORT ROAD  
P.O. BOX 112  
LAKE WALES FL 33859-0112

Mailing Address  
31 AIRPORT ROAD  
P.O. BOX 112  
LAKE WALES FL 33859-0112



3. Date Incorporated or Qualified 03/03/1952  
3a. Date of Last Report 09/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	59-0675399	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MCCARTNEY, HENRY A.  
AIRPORT RD  
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	VP	1.1 TITLE	
NAME	MCLEOD, DONALD J	1.2 NAME	
STREET ADDRESS	AIRPORT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	
NAME	WILLIAMS PETER	2.2 NAME	
STREET ADDRESS	AIRPORT RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ROBBINS, EDWARD J	3.2 NAME	
STREET ADDRESS	AIRPORT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WILLIAMS, JOHN T	4.2 NAME	
STREET ADDRESS	AIRPORT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	SHEA, PAUL F	5.2 NAME	
STREET ADDRESS	AIRPORT RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	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 on an attachment with an address.

SIGNATURE: Donald J. McLeod, VP - Gen. Mgr.  
\_\_\_\_\_  
SIGNED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 26, 97  
Date

Daytime Phone #

CR2E034 (9/96)