

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 JUN 20 AM 11:20

DOCUMENT # 183437 (3)

1. Corporation Name
ASSOCIATED INVESTORS, INC. OF PLANT CITY

Principal Place of Business Mailing Address
~~202 W REYNOLDS STREET~~ ~~202 W REYNOLDS STREET~~
P.O. BOX 2503 P.O. BOX 2503
PLANT CITY FL 33566 PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 121 N. Collins St 26 Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23 PLANT CITY, FL. 28 PLANT CITY, FL.
Zip Country Zip Country
24 33566 25 Hillsborough 29 33566 30 Hillsborough

3. Date Incorporated or Qualified 3a. Date of Last Report
02/17/1955 02/07/1994
4. FEI Number Applied For
59-6057989 Not Applicable
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 10. Name and Address of New Registered Agent
BOWDEN, HILMAN F 81 Name Same
P.O. BOX 2503 82 Street Address (P.O. Box Number is Not Acceptable)
~~202 WEST REYNOLDS~~ 121 N. Collins St. 83
PLANT CITY FL 33566 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 *Hilman F. Bowden* DATE 6.15.95
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWDEN, HILMAN F	1.2 NAME	D Robert S. Trinkle
STREET ADDRESS	202 W REYNOLDS 121 N. Collins St.	1.3 STREET ADDRESS	121 N. Collins St
CITY - ST - ZIP	PLANT CITY FL	1.4 CITY - ST - ZIP	PLANT CITY FL 33566
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LARRY ✓	2.2 NAME	D James L. Redman
STREET ADDRESS	202 W REYNOLDS	2.3 STREET ADDRESS	121 N. Collins St
CITY - ST - ZIP	PLANT CITY FL	2.4 CITY - ST - ZIP	Plant City, Fl.
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, T O ✓	3.2 NAME	D Bernard Caton
STREET ADDRESS	202 W REYNOLDS	3.3 STREET ADDRESS	121 N. Collins St
CITY - ST - ZIP	PLANT CITY FL	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKMAN, R M ✓	4.2 NAME	
STREET ADDRESS	202 W REYNOLDS	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNON, WILLIAM D ✓	5.2 NAME	
STREET ADDRESS	202 W REYNOLDS	5.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKALA, WALTER ✓	6.2 NAME	
STREET ADDRESS	202 W REYNOLDS	6.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	6.4 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 110.07(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: *Hilman F. Bowden* DATE 6.15.95 DAYTON PERIOD 757-6683
(NOTE: Signature and typed or printed name of signing officer or director)

CR2E034 (3/95)