

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 183437 (3)

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



Principal Place of Business: 121 N COLLINS ST, P.O. BOX 2503, PLANT CITY FL 33566, US
Mailing Address: P O BOX 2503, P.O. BOX 2503, PLANT CITY FL 33566, US

3. Date Incorporated or Qualified: 02/17/1955
3a. Date of Last Report: 06/20/1995

21. Principal Place of Business 121 N. Collins Suite, Apt. #, etc. usa City & State PLANT CITY, FL. Zip 33566	22. Mailing Address as above Suite, Apt. #, etc. n/a City & State Same Zip -	23. Country Hillsborough 25	24. Country -	26. FEI Number 59-6057989	27. Applied For Not Applicable	28. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	29. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

BOWDEN, HILMAN F
P.O. BOX 2503
121 N COLLINS ST
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.002 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 VP & Treas
DATE: 3-8-96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VPT	NAME: BOWDEN, HILMAN F	1.1 TITLE:	Robert S. Trinkle
STREET ADDRESS: 121 N COLLINS ST	CITY - ST - ZIP: PLANT CITY FL	1.2 NAME:	121 N. Collins St
CITY - ST - ZIP:		1.3 STREET ADDRESS:	PLANT CITY, FL.
TITLE: D	NAME: MARTIN, LARRY	1.4 CITY - ST - ZIP:	
STREET ADDRESS: 121 N COLLINS ST	CITY - ST - ZIP: PLANT CITY FL	2.1 TITLE:	D James L. Redman
CITY - ST - ZIP:		2.2 NAME:	121 N. Collins
TITLE: D	NAME: BALLARD, T O	2.3 STREET ADDRESS:	PLANT CITY, FL.
STREET ADDRESS: 121 N COLLINS ST	CITY - ST - ZIP: PLANT CITY FL	2.4 CITY - ST - ZIP:	
CITY - ST - ZIP:		3.1 TITLE:	
TITLE: VS	NAME: SPARKMAN, R M	3.2 NAME:	
STREET ADDRESS: 121 N COLLINS ST	CITY - ST - ZIP: PLANT CITY FL	3.3 STREET ADDRESS:	
CITY - ST - ZIP:		3.4 CITY - ST - ZIP:	
TITLE: P	NAME: VERNON, WILLIAM D	4.1 TITLE:	
STREET ADDRESS: 121 N COLLINS ST	CITY - ST - ZIP: PLANT CITY FL	4.2 NAME:	
CITY - ST - ZIP:		4.3 STREET ADDRESS:	
TITLE: V	NAME: HARKALA, WALTER	4.4 CITY - ST - ZIP:	
STREET ADDRESS: 121 N COLLINS ST	CITY - ST - ZIP: PLANT CITY FL	5.1 TITLE:	
CITY - ST - ZIP:		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:	

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 119.07(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 VP & Treas
DATE: 3-8-96 (813) 752-5441
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)