

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

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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 <b>121 N COLLINS ST P.O. BOX 2503 PLANT CITY FL 33566 US</b>		Mailing Address <b>P O BOX 2503 P.O. BOX 2503 PLANT CITY FL 33564-2503 US</b>	
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/17/1955</b>		3a. Date of Last Report <b>03/13/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-6057989</b>		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	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 <b>BOWDEN, HILMAN F P.O. BOX 2503 121 N COLLINS ST PLANT CITY FL 33566</b>				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0512 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 **3/7/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRINKLE, ROBERT S.</b>	1.2 NAME	
STREET ADDRESS	<b>121 N. COLLINS ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDMAN, JAMES L.</b>	2.2 NAME	
STREET ADDRESS	<b>121 N. COLLINS ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALLARD, T O</b>	3.2 NAME	
STREET ADDRESS	<b>121 N COLLINS ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPARKMAN, R M</b>	4.2 NAME	
STREET ADDRESS	<b>121 N COLLINS ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERNON, WILLIAM D</b>	5.2 NAME	
STREET ADDRESS	<b>121 N COLLINS ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARKALA, WALTER</b>	6.2 NAME	
STREET ADDRESS	<b>121 N COLLINS ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	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.

CR2E034 (9/96)