


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

FILED
Jan 16 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 # 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/17/1955	
4. FEI Number 59-6057989	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
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

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. *Hilman F. Bowden, VP & Treas*

SIGNATURE: *Hilman F. Bowden, VP & Treas*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	TRINKLE, ROBERT S.	
STREET ADDRESS	121 N. COLLINS ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	REDMAN, JAMES L.	
STREET ADDRESS	121 N. COLLINS ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	BALLARD, T O	
STREET ADDRESS	121 N COLLINS ST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VS	<input type="checkbox"/>
NAME	SPARKMAN, R M	
STREET ADDRESS	121 N COLLINS ST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	P	<input type="checkbox"/>
NAME	VERNON, WILLIAM D	
STREET ADDRESS	121 N COLLINS ST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	V	<input type="checkbox"/>
NAME	HARKALA, WALTER	
STREET ADDRESS	121 N COLLINS ST	
CITY-ST-ZIP	PLANT CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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, changed, or on an attachment with an address.

SIGNATURE: *Hilman F. Bowden, VP & Treas*

CR2E034 (10/97)