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Feb 24 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 # 280467 (2)
1. Corporation Name
HUSMANN & CO.



Principal Place of Business Mailing Address
602 S.W. PINE TREE LANE 602 S.W. PINE TREE LANE
PALM CITY FL 34990 PALM CITY FL 34990
US US

3. Date Incorporated or Qualified 04/14/1964 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 State Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country
24 25 29 30

9. Name and Address of Current Registered Agent

MARGARET HUSMANN
625 N. RIVER DR. #102
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name CORYNNE H. CARTER
82 Street Address (P.O. Box Number is Not Acceptable)
1002 S.W. PINE TREE LANE
83
84 City PALM CITY FL 85 Zip Code 34990

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: *Corynne H. Carter* CORYNNE H. CARTER 2/18/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA H. DOBES	1.2 NAME	
STREET ADDRESS	2898 RIVERMEADE DR NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORYNNE H. CARTER	2.2 NAME	
STREET ADDRESS	602 S.W. PINE TREE LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBES, WILLIAM L	3.2 NAME	
STREET ADDRESS	2898 RIVERMEADE DR., N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30327	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGO A. CARTER	4.2 NAME	
STREET ADDRESS	602 S.W. PINE TREE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET C. HUSMANN	5.2 NAME	MARGARET C. HUSMANN
STREET ADDRESS	625 RIVER DR.	5.3 STREET ADDRESS	1100 S.W. SHORELINE DRIVE #310
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MARGARET C. HUSMANN *Margaret C. Husmann* 2-18-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)