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 # **339983** **(9)**

1. Corporate Name
PAPY BROTHERS INCORPORATED

Principal Place of Business
3401 NE 36TH AVE
OCALA FL 34470
US

Mailing Address
P O BOX 1134
OCALA FL 34478
US

2. Principal Place of Business
21
Street Address
22
City, State
23
Zip
24
County
25

2a. Mailing Address
26
Street Address
27
City, State
28
Zip
29
Country
30

3. Date Incorporated (or Qualified)
01/10/1969

3a. Date of Last Report
02/01/1995

4. FEI Number
59-1233919
[ ] Applied For
[ ] 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
PAPY, D.M. JR.
3401 NE 36TH AVE
OCALA FL 23671

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 Section 607.0505 of the 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. The corporation or its officers or directors hereby accept the appointment as registered agent. Each person named herein acknowledges that he/she is familiar with, and accepts the obligations of Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS

P PAPY, D.M.,JR 3401 NE 36TH AVE OCALA FL	[ ] Delete
ST PAPY, VIRGINIA W. 3401 NE 36TH AVE OCALA FL.	[ ] Delete
V PAPY, DAVID TYLER 3401 NE 36TH AVE OCALA FL	[ ] Delete
V PAPY, DAVID WYATT 3401 NE 36TH AVE OCALA FL	[ ] Delete
	[ ] Delete
	[ ] Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title Name Address City, State, Zip	[ ] Change [ ] Add
Title Name Address City, State, Zip	[ ] Change [ ] Add
Title Name Address City, State, Zip	[ ] Change [ ] Add
Title Name Address City, State, Zip	[ ] Change [ ] Add
Title Name Address City, State, Zip	[ ] Change [ ] Add
Title Name Address City, State, Zip	[ ] Change [ ] Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or other organized business entity as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D.M. Papy, Jr. 1/23/96 532-622-9642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)