

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 343402 (4)

1. Corporation Name
ECONOMY SCALE COMPANY, INC.



Principal Place of Business
**5908 PROVIDENCE ROAD
RIVERVIEW FL 33569
US**

Mailing Address
**P.O. BOX 1327
RIVERVIEW FL 33569-1327
US**

3. Date Incorporated or Qualified **03/21/1969** 3a. Date of Last Report **04/13/1995**

4. FEI Number **59-1226746** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**MAURICE, JOHN J
5908 PROVIDENCE RD
RIVERVIEW, F. FL 33569**

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 607.0502 and 607.1506, 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

Signature, Typed or Printed Name of Signing Officer and Director

DATE

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHN J. MAURICE	
STREET ADDRESS	5908 PROVIDENCE RD	
CITY - ST - ZIP	RIVERVIEW, FL 00000 33569	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAURICE, BETTY J	
STREET ADDRESS	5908 PROVIDENCE RD	
CITY - ST - ZIP	RIVERVIEW FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MAURICE, BETTY J	
STREET ADDRESS	5908 PROVIDENCE RD	
CITY - ST - ZIP	RIVERVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAURICE, JR. J J	
STREET ADDRESS	5908 PROVIDENCE RD	
CITY - ST - ZIP	RIVERVIEW, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PADGETT, II R S	
STREET ADDRESS	9426 WALTON ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHARP, SHARON M	
STREET ADDRESS	208 COUGAR RD	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John J. Maurice* **4-19-96** **813-689-5603**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)