

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

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 343402 (4)**  
 1. Corporation Name  
**ECONOMY SCALE COMPANY, INC.**



Principal Place of Business <b>5808 PROVIDENCE ROAD                  RIVERVIEW FL 33569                  US</b>	Mailing Address <b>P.O. BOX 1327                  RIVERVIEW FL 33568-1327                  US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/21/1969</b>	3a. Date of Last Report <b>04/24/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1226746</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Country	24. Zip	25. Country
24. Zip	25. Country	29. Zip	30. Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 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 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: *John J. Maurice* **John J. Maurice** 4/10/97 813-6895603  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)