

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 430595 (9)

1. Corporation Name
Champion Brands Inc.

Principal Place of Business Mailing Address
**5571 Florida Mining Blvd. S. (Same)
Jacksonville, FL. 32257**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/13/73** 3a. Date of Last Report **3/94**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1474127		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Benton, Alvin E. Jr. 5571 Florida Mining Blvd. S. Jacksonville, FL. 32257				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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benton, Alvin E. Jr.	1.2 NAME	500001485285
STREET ADDRESS	5571 Florida Mining Blvd. S.	1.3 STREET ADDRESS	-05/12/95--01020--019
CITY, ST, ZIP	Jacksonville, FL. 32257	1.4 CITY, ST, ZIP	****208.75 ****208.75
TITLE	V/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Runnels, F. Neal	2.2 NAME	
STREET ADDRESS	#1 Runnels Rd.	2.3 STREET ADDRESS	
CITY, ST, ZIP	McAllen, TX.	2.4 CITY, ST, ZIP	
TITLE	S/T/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, Gordon	3.2 NAME	
STREET ADDRESS	#1 Runnels Rd.	3.3 STREET ADDRESS	
CITY, ST, ZIP	McAllen, TX	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
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 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *A. E. Benton Jr.* **A. E. Benton Jr.** 4/28/95 (904) 268-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR