

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 437709 (9)

1. Corporation Name
EMORY MANUFACTURING COMPANY



Principal Place of Business
 PO BOX 3812, STA. F JACKSONVILLE FL 32206

Mailing Address
 PO BOX 3812, STA. F JACKSONVILLE FL 32206

2. Principal Place of Business
 21 18-30 E 8th St
 Suite, Apt #, etc.
 22 JACKSONVILLE, Fla
 City & State
 23 FLORIDA
 Zip Country
 24 32206 25 USA

2a. Mailing Address
 26 P.O. Box 3812
 Suite, Apt #, etc.
 27 JACKSONVILLE, FL
 City & State
 28 JACKSONVILLE, FL
 Zip Country
 29 32206 30 U.S.A.

3. Date Incorporated or Qualified
 10/08/1973

3a. Date of Last Report
 03/22/1995

4. FEI Number
 59-1510200

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. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 DEAL, KEITH M
 140 REGENCY SQUARE
 JACKSONVILLE FL

10. Name and Address of New Registered Agent

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
 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, CLAYTON II	
STREET ADDRESS	30 DON GALLA COURT	
CITY - ST - ZIP	JACKSONVILLE FL 32211	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BELL, ULICK	
STREET ADDRESS	2616 CONGAREE DR. W.	
CITY - ST - ZIP	JACKSONVILLE FL 32211	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, MARIA	
STREET ADDRESS	30 DON GALLA COURT	
CITY - ST - ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria Smith* 6/15/96 904-394-3339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)