

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

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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **501857** (7)

1. Corporation Name

KERSHAW INDUSTRIAL SALES CO., INC.

Principal Place of Business

**230 E. DOUGLAS RD.
OLDSMAR FL 34677
US**

Mailing Address

**PO BOX 1068
OLDSMAR FL 34677-0019
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1976		3a. Date of Last Report 03/19/1996	
21		26		4. FEI Number 59-1672403		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input 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 s. 199.032, Florida Statutes <input 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

**KUTCHINS, BRYAN A
KUTCHINS, BISHOP & SCHULTZ, P.A.
3711 TAMPA ROAD, SUITE 103
OLDSMAR FL 34677**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V-P
NAME	KERSHAW, CLIFTON H	1.2 NAME	OBERHOLTZER GARY L.
STREET ADDRESS	3826 MUIRFIELD CT.	1.3 STREET ADDRESS	17045 WINNERS CR.
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	ODESSA FL 33556
TITLE	P	2.1 TITLE	TREASURER
NAME	CONRAD, WAYNE E.	2.2 NAME	CONRAD TANNY L.
STREET ADDRESS	345 BAILEY ST. 807 N. BAYSHORE DR.	2.3 STREET ADDRESS	807 N. BAYSHORE DR.
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	S	3.1 TITLE	
NAME	HUDGE, FLORENCE B.	3.2 NAME	
STREET ADDRESS	2001 DOVER CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	KERSHAW, MARCELLA K	4.2 NAME	
STREET ADDRESS	3826 MUIRFIELD CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *Frederic B. Hodge*

2/14/97 813-855-4425

CR2E034 (9/96)