

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 512573 (7)

1. Corporation Name
WARD BROS., INC.



Principal Place of Business: 400 CYCLONE DRIVE FORT PIERCE FL 34945
Mailing Address: 400 CYCLONE DRIVE FORT PIERCE FL 34945

3. Date Incorporated or Qualified: 09/17/1976
3a. Date of Last Report: 06/20/1995

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4.	FET Number	Applied For
	59-1690750	Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	<input type="checkbox"/>	
6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	<input type="checkbox"/>	
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WARD, COY C. 400 CYCLONE DRIVE FT. PIERCE FL 34945				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV WARD, COY C. 400 CYCLONE DRIVE FT. PIERCE FL	<input type="checkbox"/> DELETE	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TS WARD, TANYA L. 400 CYCLONE DRIVE FT. PIERCE FL	<input type="checkbox"/> DELETE	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2 2 NAME
CITY-ST-ZIP			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 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 its 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: *Cooy C Ward* COY C WARD P/V APRIL 2, 1996 (407)464-2644

CR2E034 (12/95)