

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

FILED

May 02 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 # **586169** (5)
1. Corporation Name
H.C. CONNELL, INC.



Principal Place of Business 400 MCCORMACK ST. P.O. BOX 490700 LEESBURG FL 34749-7700	Mailing Address 400 MCCORMACK ST. P.O. BOX 490700 LEESBURG FL 34749-0700
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3. Date Incorporated or Qualified 09/12/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1847845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CONNELL, H.C.
400 MCCORMACK ST.
LEESBURG FL 34748**

10. Name and Address of New Registered Agent	
81 Name	Ralph E. Ouimette Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	400 McCormack Street
83	
84 City	Leesburg
85 Zip Code	FL 34748

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 *Ralph E. Ouimette Jr.* **Ralph E. Ouimette Jr. Vice-Pres/General Mgr** **4/24/97**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	POWERS, JOSEPH P.
STREET ADDRESS	1801 FORUM PL. STE 1110
CITY - ST - ZIP	WEST PALM BCH FL
TITLE	VM <input type="checkbox"/> DELETE
NAME	OUIMETTE
STREET ADDRESS	400 MCCORMACK ST
CITY - ST - ZIP	LEESBURG FL
TITLE	C <input type="checkbox"/> DELETE
NAME	MERCURIO WILLIAM J.
STREET ADDRESS	1801 FORUM PL, STE 1110
CITY - ST - ZIP	WEST PALM BCH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	CASSON, RUSSELL F.
STREET ADDRESS	9820 JACKSON ROAD
CITY - ST - ZIP	LEESBURG FL
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	
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: *Ralph E. Ouimette Jr.* **APPROVED April 23, 1997** (352) 787-6732
Date Daytime Phone

CR2E034 (9/96)