

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

FILED
Apr 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 # **636815** (3)
1. Corporation Name
EWELL INDUSTRIES, INC.



Principal Place of Business 801 MCCUE ROAD P.O. BOX 3858 LAKELAND FL 33802	Mailing Address 801 MCCUE ROAD P.O. BOX 3858 LAKELAND FL 33802-3858
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/12/1979	3a. Date of Last Report 04/30/1996
				4. FEI Number 59-1930203	Applied for 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEONE, FRANCIS A JR. 801 MCCUE RD LAKELAND FL 33801		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	VGM	1.1 TITLE	V
NAME	LEONE, FRANCIS A JR	1.2 NAME	STOUT, JERRY
STREET ADDRESS	801 MCCUE RD	1.3 STREET ADDRESS	801 MCCUE RD.
CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	V	2.1 TITLE	
NAME	BOTHWELL, JAMES C	2.2 NAME	
STREET ADDRESS	801 MCCUE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	YOUNG, P L	3.2 NAME	
STREET ADDRESS	801 MCCUE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	MACGREGOR, JOHN	4.2 NAME	
STREET ADDRESS	801 MCCUE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	WEST, PAUL A	5.2 NAME	
STREET ADDRESS	801 MCCUE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	
NAME	DURANT, A	6.2 NAME	
STREET ADDRESS	801 MCCUE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	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: _____ SIGNATURE REQUIRED

CR2E034 (9/96)