

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 638195 (8)
1. Corporation Name
BROMWELL & CARRIER, INC.



Principal Place of Business Mailing Address
5925 IMPERIAL PARKWAY P.O. BOX 5467 LAKELAND FL 33860
5925 IMPERIAL PARKWAY P.O. BOX 5467 LAKELAND FL 33860-8476

2. Principal Place of Business 2a. Mailing Address
21 2000 E. Edgewood Drive 26 P.O. Box 5467
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 215 27
City & State City & State
23 Lakeland FL 28 Lakeland FL
Zip Country Zip Country
24 33803 25 Polk 29 33807 30 Polk

3. Date Incorporated or Qualified 3a. Date of Last Report
10/01/1979 03/12/1996
4. FEI Number Applied For
59-1938287 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
C GEOFFREY VINING PA
230 S FLORIDA AVE
STE 501
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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	ERICSON, WAYNE A.	
STREET ADDRESS	690 EAST CHURCH STREET	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWERS, RICHARD M	
STREET ADDRESS	6003 IRBY LANE WEST	
CITY - ST - ZIP	LAKELAND, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARRIER, W DAVID III	
STREET ADDRESS	78 WOODSIDE DRIVE	
CITY - ST - ZIP	LAKELAND, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREGG F. BROWNE	
STREET ADDRESS	801 S LAKESHORE DRIVE	
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	P <input checked="" 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	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rudden, Patricia R.
5.3 STREET ADDRESS	4406 Selkirk Lane East
5.4 CITY - ST - ZIP	Lakeland FL 33813
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Leslie G. Bromwell
6.3 STREET ADDRESS	530 Hillside Drive
6.4 CITY - ST - ZIP	Auburndale FL 33823

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address.

SIGNATURE: *Leslie G. Bromwell* 4-21-97 941-667-2845
Date Daytime Phone #

CR2E034 (9/96)