

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

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Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 800178 (6)**  
 1. Corporation Name  
**FLORIDIN COMPANY**



Principal Place of Business <b>1101 N. MADISON ST. C/O L. BURKHART QUINCY FL 32351 US</b>	Mailing Address <b>C O L. BURKHART PO BOX 187 BERKELEY SPRINGS WV 25411-0187 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/18/1910</b>	3a. Date of Last Report <b>05/03/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-0249005</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		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	<b>FL</b>

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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODELL, R.E.</b>	1.2 NAME	
STREET ADDRESS	<b>2 MI. E HEDGESVILLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HEDGESVILLE WV 25427</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PDC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERTON, MICHAEL R</b>	2.2 NAME	<b>Michael R. Merton</b>
STREET ADDRESS	<b>25399 THE OLD RD.</b>	2.3 STREET ADDRESS	<b>26877 Tourney Road</b>
CITY-ST-ZIP	<b>NEWHALL CA 91321</b>	2.4 CITY-ST-ZIP	<b>Valencia CA 91355</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOCKRATH, G.E.</b>	3.2 NAME	<b>Gerald M. Pepper</b>
STREET ADDRESS	<b>11411 EASTWOOD CT.</b>	3.3 STREET ADDRESS	<b>26877 Tourney Road</b>
CITY-ST-ZIP	<b>HAGERSTOWN MD 21742</b>	3.4 CITY-ST-ZIP	<b>Valencia CA 91355</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ULIZIO, JOHN A.</b>	4.2 NAME	<b>Michael I. Stockman</b>
STREET ADDRESS	<b>19210 OLDE WATERFORD ROAD</b>	4.3 STREET ADDRESS	<b>26877 Tourney Road</b>
CITY-ST-ZIP	<b>HAGERSTOWN MD 21742</b>	4.4 CITY-ST-ZIP	<b>Valencia CA 91355</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMPSON, M.L.</b>	5.2 NAME	<b>Daniel S. Larsen</b>
STREET ADDRESS	<b>177 GREENFIELD DR.</b>	5.3 STREET ADDRESS	<b>26877 Tourney Road</b>
CITY-ST-ZIP	<b>WINCHESTER VA 22603</b>	5.4 CITY-ST-ZIP	<b>Valencia CA 91355</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or is changed or on an attachment with an address.

**SIGNATURE**  **Michael I. Stockman** **4/8/97** **(805)287-5413**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #