SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17. 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED Jul 28 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS <u> 1997</u> DOCUMENT #

1. Corporation Name 817036 THE CHURCHMAN COMPANY Principal Place of Business Mailing Address 1074 23RD AVE N 1074 23RD AVE N ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 04/09/1962 01/25/1996 2. Principal Place of Business 4. FEI Number Mailing Address 2a. Applied For 59-1002330 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution П Added to Fees 28 Zip Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, EDNA RUTH 82 Street Address (P.O. Box Number is Not Acceptable) 1074 23RD AVE N 83 ST. PETERSBURG FL 33704 84 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. elange No **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1.1 TITLE Johnson, Edna Ruth NAME 1.2 NAME 1074 23RD AVENUE, NORTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME WAGNER, PAUL 2.2 NAME 12137 RIVERHILLS DR. STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33617** CITY-ST-20P 2. 4 City-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SPONG, JOHN S. R NAME **3.2 NAME** 24 RECTOR STREET STREET ADDRESS 3.3 STREET ADDRESS **NEWARK NJ** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MONDALE, LESTER NAME 4.2 NAME RT 3. BOX 174 COPPERHEAD STREET ADDRESS 4.3 STREET ADDRESS FREDERICKTOWN MD CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition SWOMLEY, DRL JOHN M NAME 5.2 NAME 6148 NW WALES RD STREET ADDRESS 5.3 STREET ADDRESS KANSAS CITY FL CITY-ST-ZV 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change 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 filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

appears in Block 12 or Block 13 if changed, or on an attachment with an address

CHAIN ATTINDIDING

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

Solaw Puth Dohnson

(4/97

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