

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 817381 (7)

1. Corporation Name
WALTER KIDDE CONSTRUCTORS, INCORPORATED



Principal Place of Business
**TAX DEPT
2900 VERNON PLACE
CINCINNATI OH 45219**

Mailing Address
**TAX DEPT
2900 VERNON PLACE
CINCINNATI OH 45219**

3. Date Incorporated or Qualified **09/30/1963** 3a. Date of Last Report **05/01/1995**

4. FFI Number **31-0825897** Applied For 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature of person authorized to sign and file this report) (Date of Signature)

12. OFFICERS AND DIRECTORS

TITILE	T	<input type="checkbox"/> DELETE
NAME	SCHMITZ, ROBERT J	
STREET ADDRESS	8135 SAN MARCO COURT	
CITY - ST - ZIP	CINCINNATI OH	
TITILE	SV	<input type="checkbox"/> DELETE
NAME	EHRMANN, JOHN	
STREET ADDRESS	11450 BRATTLE LANE	
CITY - ST - ZIP	CINCINNATI OH	
TITILE	VD	<input type="checkbox"/> DELETE
NAME	AHLBRAND, R L	
STREET ADDRESS	8335 OLD STABLE RD	
CITY - ST - ZIP	INDIAN HILL OH	
TITILE	P	<input type="checkbox"/> DELETE
NAME	WIER, R. C	
STREET ADDRESS	2461 LITTLE DRY RUN	
CITY - ST - ZIP	CINCINNATI OH	
TITILE	C	<input type="checkbox"/> DELETE
NAME	KINNEY JR, A M	
STREET ADDRESS	2980 SADDLEBACK DRIVE	
CITY - ST - ZIP	CINCINNATI OH	
TITILE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	Chairman
53. STREET ADDRESS	Kinney, A. M. III
54. CITY - ST - ZIP	2980 Saddleback Drive
	Cincinnati, OH
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert J. Schmitz* CONTROLLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT J. SCHMITZ

4-29-96 513-281-2900
L.C. (Typed Name)

CR2E034 (12/95)