

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 # **843507** (5)
1. Corporation Name
OLDOVER CORPORATION



Principal Place of Business: **2508 CHAMBERLAYNE AVE. P.O. BOX 27211 RICHMOND VA. 23261**
Mailing Address: **2508 CHAMBERLAYNE AVE RICHMOND VA 23222-4215 US**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Qualified: **06/19/1979**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **54-0915235**
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

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; 85 Zip Code **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: ROBERTS, J.W.	1.1 TITLE: Vice-President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3204 HAWTHORNE AVE.	CITY-STATE-ZIP: RICHMOND VA	1.2 NAME:	
TITLE: VPD	NAME: BURRIS, D.K.	1.3 STREET ADDRESS:	
STREET ADDRESS: 1225 VALLEY DRIVE	CITY-STATE-ZIP: ATTALLA AL	1.4 CITY-STATE-ZIP:	
TITLE: VPD	NAME: MARTIN, E. E.	2.1 TITLE: President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8206 WESTMEATH LANE	CITY-STATE-ZIP: RICHMOND VA	2.2 NAME:	
TITLE: T	NAME: MILNER, R. B., JR.	2.3 STREET ADDRESS:	
STREET ADDRESS: 10904 DOMINION FAIRWAYS LANE	CITY-STATE-ZIP: GLEN ALLEN VA	2.4 CITY-STATE-ZIP:	
TITLE: VP	NAME: BURRIS, D. K.	3.1 TITLE: Vice-President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1225 VALLEY DRIVE	CITY-STATE-ZIP: ATTALLA AL	3.2 NAME: George Ewe	
TITLE: AST	NAME: HENDRICKS, C. S. (ASST)	3.3 STREET ADDRESS: 13317 Pleasant Lake Terr.	
STREET ADDRESS: 3924 DURETTE DR.	CITY-STATE-ZIP: RICHMOND VA	3.4 CITY-STATE-ZIP: Richmond Va 23288	
		3.5 TITLE: Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.1 NAME: L. A. Focetti	
		4.2 STREET ADDRESS: 13929 Citation Dr	
		4.3 CITY-STATE-ZIP: Midlothian Va 23111	
		4.4 TITLE: Vice President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.1 NAME: K. W. Scaplehorn	
		5.2 STREET ADDRESS: 2026 Susquehanna Tr.	
		5.3 CITY-STATE-ZIP: Ashland Va 23005	
		5.4 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 NAME:	
		6.2 STREET ADDRESS:	
		6.3 CITY-STATE-ZIP:	
		6.4 TITLE:	

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 in an attachment with an address.

SIGNATURE: *C.S. Hendricks* **C.S. HENDRICKS** 1-29-96 (804) 321-6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)