

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

FILED

**Jan 22 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

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**

3. Date Incorporated or Qualified **06/19/1979** 3a. Date of Last Report **02/02/1996**

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

4. FEI Number **54-0915235** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROBERTS, J.W.	
STREET ADDRESS	3204 HAWTHORNE AVE.	
CITY - ST - ZIP	RICHMOND VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURRIS, D.K.	
STREET ADDRESS	1225 VALLEY DRIVE	
CITY - ST - ZIP	ATTALLA AL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	EURE, GEORGE	
STREET ADDRESS	12317 PLEASANT LAKE TERR	
CITY - ST - ZIP	RICHMOND VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FACETTI, L A	
STREET ADDRESS	13925 CITADSON DR	
CITY - ST - ZIP	MIDLOTHIAN VA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCAPLEHOM, K W	
STREET ADDRESS	3026 SUSQUEHANNA TR	
CITY - ST - ZIP	ASHLAND VA	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	HENDRICKS, C. S. (ASST)	
STREET ADDRESS	3924 DURETTE DR.	
CITY - ST - ZIP	RICHMOND VA	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J. J. Jewett III
3.3 STREET ADDRESS	11700 Young Manor Dr
3.4 CITY - ST - ZIP	Midlothian Va 23113
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	K. W Scaplehorn
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	J. W Thornton
6.3 STREET ADDRESS	108 Running Cedar Ln
6.4 CITY - ST - ZIP	Richmond Va 23229

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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] LEE A FACETTI 1/6/97 804 321 6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)