
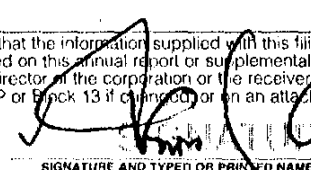


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 857378 (4)</b> 1. Corporation Name <b>G.A. KLEISSLER COMPANY</b>					
Principal Place of Business <b>202 WINSTON CREEK PKWY. LAKELAND FL 33809</b>			Mailing Address <b>202 WINSTON CREEK PKWY. LAKELAND FL 33810-2866</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>33810</b> Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip <b>33810</b> Country		3. Date Incorporated or Qualified <b>08/10/1983</b> 3a. Date of Last Report <b>01/31/1996</b> 4. FEI Number <b>22-1041080</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ANDERSON, THOMAS J 202 WINSTON CREK PKWY LAKELAND FL 33809</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 607.0505, 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>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KLEISSLER, EDWIN A JR.</b>		1.2 NAME		
STREET ADDRESS	<b>202 WINSTON CREEK PKWY</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KLEISSLER, ROBERT J.</b>		2.2 NAME		
STREET ADDRESS	<b>202 WINSTON CREEK PKWY</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GANNON, SUSAN</b>		3.2 NAME		
STREET ADDRESS	<b>25 E FRONT ST</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>KEYPORT NJ</b>		3.4 CITY-ST-ZIP		
TITLE	<b>PT</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANDERSON, TOM</b>		4.2 NAME		
STREET ADDRESS	<b>202 WINSTON CREEK PKWY</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND FL</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 if changed or on an attachment with an address.					
SIGNATURE: 			Date <b>2/3/97</b> Daytime Phone # <b>941-687-3537</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)