

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

FILED
May 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F94000002739 (0)

1. Corporation Name

HAVANA BOILER COMPANY

Principal Place of Business

HWY 27 NORTH
HAVANA FL 32333

Mailing Address

P.O. BOX 1128
HAVANA FL 32333-1128



| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/25/1994 | | 3a. Date of Last Report 03/22/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3237056 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

ROCKWOOD, THOMSON W
PO BOX 1128, HIGHWAY 27 NORTH
1-1/2 MILES NORTH OF HAVANA ON LEFT
HAVANA FL 32333

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

FL

4/29/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROCKWOOD, THOMSON W | 1.2 NAME | |
| STREET ADDRESS | 4018 KILMARTIN DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALSH, DAVID P | 2.2 NAME | |
| STREET ADDRESS | 3938 MAGELLAN TRAIL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | 2.4 CITY-ST-ZIP | |
| TITLE | TS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRANGE, MARILYN M | 3.2 NAME | |
| STREET ADDRESS | RR 2 BOX 351-A2 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAVANA FL 32333 | 3.4 CITY-ST-ZIP | |
| TITLE | C | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRINGER, PAUL B II | 4.2 NAME | |
| STREET ADDRESS | COUNTRY CLUB ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WELDON NC 27890 | 4.4 CITY-ST-ZIP | |
| TITLE | | 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 | | 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: *Marilyn M. Strange* Marilyn M. Strange 4/30/97 904539-6432

CR2E034 (9/96)