FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M72168** **(1)**

1. Corporation Name
ORR CORPORATION

Principal Place of Business
896 AMELIA CT., N.E.
ST. PETERSBURG FL 33702

Mailing Address
896 AMELIA CT., N.E.
ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified: **03/16/1988**
3a. Date of Last Report: **04/20/1995**

4. FEI Number: **65-0038349** — 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: [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — County 30

9. Name and Address of Current Registered Agent

ORR, ROBERT H., JR.
896 AMELIA COURT, NORTHEAST
ST. PETERSBURG FL 33702

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 607.0122 and 607.1608, 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

TITLE	PSD	[ ] DELETE
NAME	ORR, ROBERT H., JR.	
STREET ADDRESS	896 AMELIA CT., N.E.	
CITY-ST-ZIP	ST. PETE. FL	
TITLE	VD	[ ] DELETE
NAME	ORR, SYLVIA O.	
STREET ADDRESS	896 AMELIA CT., N.E.	
CITY-ST-ZIP	ST. PETE. FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change	[ ] Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
2 TITLE	[ ] Change	[ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	[ ] Change	[ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	[ ] Change	[ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	[ ] Change	[ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied within this application is true and correct and, for the exemption stated in Section 119.07(3)(y), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 or another person authorized to prepare corporate reports by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added, in any capacity, with my title.

SIGNATURE: Robert H. Orr, Jr. — 4-2-96 — (813) 526-0703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)