

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08479 (8)
1. Corporation Name
UNITED STATES CORRULITE CORPORATION



Principal Place of Business C/O JOHN T. MCGALLUM P.O. BOX 1207 CLEWISTON FL 33440	Mailing Address C/O JOHN T. MCGALLUM P.O. BOX 1207 CLEWISTON FL 33440-1207
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3. Date Incorporated or Qualified 12/19/1985	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 C/O STEPHEN V. COFFMAN Suite, Apt. #, etc.	2a. Mailing Address 26 C/O STEPHEN V. COFFMAN Suite, Apt. #, etc.
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4. FEI Number 64-0530974	Applied For Not Applicable
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22 City & State	27 City & State
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 Zip	Country	28 Zip	Country
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24	25	29	30
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
COFFMAN, STEPHEN V
111 PONCE DE LEON AVE.
CLEWISTON FL 33440

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) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FAIRBANKS, J. NELSON
STREET ADDRESS	111 PONCE DE LEON AVE.
CITY-ST-ZIP	CLEWISTON FL
TITLE	VD
NAME	TERRILL, JAMES E.
STREET ADDRESS	111 PONCE DE LEON AVE.
CITY-ST-ZIP	CLEWISTON FL
TITLE	V
NAME	WADE, MALCOLM S, JR
STREET ADDRESS	111 PONCE DE LEON AVE.
CITY-ST-ZIP	CLEWISTON FL
TITLE	VP
NAME	GRACE, JERRY W.
STREET ADDRESS	111 PONCE DE LEON AVE.
CITY-ST-ZIP	CLEWISTON FL
TITLE	SD
NAME	BUKER, ROBERT H., JR.
STREET ADDRESS	111 PONCE DE LEON AVE.
CITY-ST-ZIP	CLEWISTON FL
TITLE	TAS
NAME	COFFMAN, STEPHEN V
STREET ADDRESS	111 PONCE DE LEON AVE.
CITY-ST-ZIP	CLEWISTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 _____
Stephen V. Coffman
Treasurer
4/21/97

CR2E034 (9/96)