

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

FILED

Feb 13 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 # **P93000066489 (4)**

1. Corporation Name

FISHERS INDIANA WAREHOUSE INC.



Principal Place of Business 1801 HERMITAGE BLVD STE 600 TALLAHASSEE FL 32308 US	Mailing Address 1801 HERMITAGE BLVD STE 600 TALLAHASSEE FL 32308-7703 US
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3. Date Incorporated or Qualified 09/23/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 75-2513731	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent SCHOW, HORACE II 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	
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10. Name and Address of New Registered Agent	
81 Name David E. Todd	
82 Street Address (P.O. Box Number is Not Acceptable) 1801 Hermitage Blvd.	
83 Suite Suite 100	
84 City Tallahassee	85 Zip Code FL 32308

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  **David E. Todd, Assistant General Counsel** 1-22-97
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME BENNETT, DOUGLAS W	
STREET ADDRESS 1801 HERMITAGE BLVD STE 600	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE D	<input type="checkbox"/> DELETE
NAME MILLER, TODD A	
STREET ADDRESS 1801 HERMITAGE BLVD STE 600	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE P	<input type="checkbox"/> DELETE
NAME PLUMLEE, DANIEL L	
STREET ADDRESS 8750 N CENTRAL EXPWY STE 800	
CITY-ST-ZIP DALLAS TX 75231-6437	
TITLE ST	<input type="checkbox"/> DELETE
NAME SMITH, G. A	
STREET ADDRESS 8750 N. CENTRAL EXPWY STE 800	
CITY-ST-ZIP DALLAS TX 75231-6437	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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  **Douglas W. Bennett, Director**

CR2E034 (9/96)