

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 APR -4 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT #

1. Corporation Name

DeWITT USA, Inc.

514912

Principal Place of Business: 1604 Stockton St., Jacksonville, Fl 32204
Mailing Address: P. O. Box 61749 JACKSONVILLE,, Fl 32236

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 11/27/90
3a. Date of Last Report: 4/26/94
4. FEI Number: 59-3039310
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: Yes No

9. Name and Address of Current Registered Agent
ASHBY, C. L. G.
1604 STOCKTON STREET
JACKSONVILLE, FL 32204

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

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 agent 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ashby, C.L.G.	1.2 NAME	
STREET ADDRESS	1604 Stockton Street	1.3 STREET ADDRESS	
CITY - ST - ZIP	Jacksonville, Fl 32204	1.4 CITY - ST - ZIP	
TITLE	V/S/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, William V.	2.2 NAME	
STREET ADDRESS	1604 Stockton St	2.3 STREET ADDRESS	
CITY - ST - ZIP	Jacksonville, Fl 32204	2.4 CITY - ST - ZIP	
TITLE	T/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, I. Rowland	3.2 NAME	
STREET ADDRESS	1640 Stockton Street	3.3 STREET ADDRESS	
CITY - ST - ZIP	Jacksonville, Fl 32204	3.4 CITY - ST - ZIP	
TITLE	V/D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fore, J. T.	4.2 NAME	
STREET ADDRESS	1604 Stockton St	4.3 STREET ADDRESS	
CITY - ST - ZIP	Jacksonville, Fl 32204	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Milne, Douglas J.	5.2 NAME	
STREET ADDRESS	1604 Stockton St	5.3 STREET ADDRESS	
CITY - ST - ZIP	Jacksonville, Fl 32204	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	

T.S. 4/4/95

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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 Statute; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

J. Tracey Fore, Vice President

3/29/95

(904) 384-3666