

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

FILED

Apr 23 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 # **S86581** (3)
1. Corporation Name
CENTER HILL LADDER WORKS, INC.



Principal Place of Business RT. 1, BOX 168-A KELSEY ROAD BOWLING GREEN FL 33834		Mailing Address RT. 1, BOX 168-A KELSEY ROAD BOWLING GREEN FL 33834-9801	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 10/10/1991		3a. Date of Last Report 04/30/1996	
4. FEI Number 65-0289202		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent ALBRITTON, DON J. ROUTE 1, BOX 168-A KELSEY ROAD BOWLING GREEN FL 33834		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	ALBRITTON, DON J.	1.2 NAME	
CITY - ST - ZIP	RT. 1, BOX 168-A BOWLING GREEN FL	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	Change Addition
STREET ADDRESS	STD	2.1 TITLE	
CITY - ST - ZIP	HIMROD, SHERRI	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	Change Addition
STREET ADDRESS	RT. 1, BOX 49-4A	2.4 CITY - ST - ZIP	
CITY - ST - ZIP	BOWLING GREEN FL	3.1 TITLE	Change Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Change Addition
TITLE	NAME	4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	Change Addition
TITLE	NAME	4.4 CITY - ST - ZIP	
STREET ADDRESS		5.1 TITLE	Change Addition
CITY - ST - ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	Change Addition
STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE	Change Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Change Addition

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 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0380435

CR2E034 (9/96)