(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

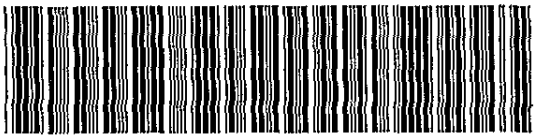
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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THE FILING FEE FOR THE **1979** ANNUAL REPORT IS **$10.**

CORPORATION
ANNUAL REPORT

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**1979**

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED
JUN 19 2 .. PM 1979
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

◄ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ►

1 Name and Address of Corporation Principal Office

017109
THE CORPORATION COMPANY
C/O C T CORPORATION SYSTEM
100 WEST 10TH STREET
WILMINGTON, DEL 19899

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business In Florida: 5/18/1925

4 Federal Employer Identification Number (FEIN): 51-0099484

5 Date of Last Report: 1978

6 Names and Street Addresses of Each Officer and Director

| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
|---|---|---|---|
| THORNE, OAKLEIGH | P/D | 100 W. 10TH ST. | WILMINGTON, DE |
| STEPHENSON, HORACE | V/D | 100 W. 10TH ST. | WILMINGTON, DE |
| DEMPSEY, ALFRED | S/D | 100 W. 10TH ST. | WILMINGTON, DE |
| HOPKINS, THOMAS | T/D | 100 W. 10TH ST. | WILMINGTON, DE |
| ALLEN, DONALD R. | Asst.S. | 100 Biscayne Blvd. | Miami, Fla. |
| KELLY, ROBERT J. | Asst.S. | 118 E. Jefferson St. | Tallahassee, Fla. |
| HOFFMAN, KENNETH F. | Asst.S. | 118 " | " " |
| WAINRIGHT, PATRICIA | Asst.S. | 118 " | " " |

7 Registered Agent Information

Name: C T CORPORATION SYSTEM

Street Address (Do NOT Use P.O. Box Number): 100 BISCAYNE BLVD.

City, State and Zip Code: MIAMI, FL 33132

If you wish to change Registered Agent on this form, enter all new information below

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

8. **See signature restrictions under instructions on reverse side of this form.**

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

DO NOT WRITE IN THIS SPACE

6/19/79

Typed Name of Signing Officer: Thomas R. Hopkins

Title: Treasurer

Telephone Number

Signature: T. R. Hopkins

Date: 6/26/79

(Form COR 620) Rev. 10/25/78

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

17109 07-17-79 2 5 77 10.00