

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **365687** (3)
1. Corporation Name
EARL G. CHILDS, INC.



Principal Place of Business: **10169 WEST TOM MASON DRIVE CRYSTAL RIVER FL 34428 US**
Mailing Address: **10169 WEST TOM MASON DRIVE CRYSTAL RIVER FL 34428 US**

3. Date Incorporated or Qualified: **06/16/1970**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **59-1294663**
Applied For: 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

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

9. Name and Address of Current Registered Agent
**CHILDS JR, EARL G
10169 W TOM MASON DR
CRYSTAL RIVER FL 32629**
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 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of Registered Agent or Trustee responsible for filing: _____
Name of Registered Agent or Trustee responsible for filing: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CHILDS JR, EARL G 10169 W TOM MASON DR CRYSTAL RIVER FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD CHILDS, CYNTHIA A 10169 W TOM MASON DR CRYSTAL RIVER FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Earl G. Childs, Jr.* **Earl G. Childs, Jr.** 3-17-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
352 795 9301

CR2E034 (12/95)