

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 820837 (3)
1. Corporation Name
EBSCO INDUSTRIES, INC.



Principal Place of Business: **TOP OF OAK MTN HWY 280 E
P O BOX 1943
BIRMINGHAM AL 35201**

Mailing Address: **TOP OF OAK MTN HWY 280 E
P O BOX 1943
BIRMINGHAM AL 35201**

3. Date Incorporated or Qualified: **10/31/1967**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **63-6014186**
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 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 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]*
Signature of the individual acting as registered agent (required when appointing)

SIGNATURE: _____
Signature of the individual appointing the registered agent (required when appointing)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BOZZELLI, RICHARD L.	
STREET ADDRESS	TOP OF OAK MTN HWY 280 E	
CITY, ST, ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, ELTON B	
STREET ADDRESS	TOP OF OAK MTN HWY 280 E	
CITY, ST, ZIP	BIRMINGHAM AL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEPHENS, J T	
STREET ADDRESS	TOP OF OAK MTN HWY 280 E	
CITY, ST, ZIP	BIRMINGHAM AL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEPHENS, ALYS	
STREET ADDRESS	TOP OF OAK MTN HWY 280 E	
CITY, ST, ZIP	BIRMINGHAM AL	
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

11 TITLE	VP, Asst Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Richard L. Bozzelli	
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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AMM 2/12/96

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 in 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 omitted in agreement with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)