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Form 4	OKOGEK											
December 2	8, 2006											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
Washington, D.C. 20549								OMB Number:	3235-0287			
	Check this box if no longer whigh to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Expires:	January 31, 2005		
subject to Section 1 Form 4 c	o SIAIE N 16. or		SECUR	ITIES				Estimated average burden hours per response				
Form 5 obligatio may cont See Instr 1(b).	tinue. Section 17(a	a) of the H	Public Ut		ling Com	npany	Act of	e Act of 1934, 1935 or Sectior 0	1			
(Print or Type]	Responses)											
MAYNARD ROGER Symbol				Name and		Tradin	ıg	5. Relationship of Reporting Person(s) to Issuer				
	~	RTIES IN				(Check all applicable)						
(Last)	(Last) (First) (Middle) 3. Date of (Month/D				ansaction			Director 10% Owner X Officer (give title Other (specify				
14578 RIVI #511	ER BEACH DRIV	/Е,	12/28/2	-				below) Chief C	below) Operating Offic	er		
	(Street) 4. If Ame Filed(Mor				te Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
PORT CHA	RLOTTE, FL 33	953						Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, i			Code (Instr. 3, 4 and 5)) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	(D)	Price	,				
Stock, par value \$.01	12/28/2006			А	30,000	А	\$ 54.92	56,209	D			
Common Stock, par value \$.01								527.89	Ι	by 401K Plan		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	or Exercise any		Execution I	Date, if	4. Transacti Code (Instr. 8)	ransactionNumber Expirat ode of (Month		Date Exercisable and spiration Date fonth/Day/Year)		tle and unt of rrlying rities r. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
					Code V	′ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners												
Repor	rting Owner Name / Address	Jame / Address	Relationships									
Керог	ung Owner I	unic / 11001055	Director	10% Ov	wner O	fficer		Other				
14578 RI	IAYNARD ROGER 4578 RIVER BEACH DRIVE, #511 ORT CHARLOTTE, FL 33953				C	Chief Operating Officer						
Signa	tures											
By: David W. Fell, by Power of Atty. For: Roger A. Maynard					12/28	8/2006						
<u>**</u> Signature of Reporting Person						D	Date					

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.