

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:37

DOCUMENT # 432569 (2)
1. Corporation Name
STOTTLER STAGG & ASSOCIATES, ARCHITECTS, ENGINEER
RS, PLANNERS, INC.

Principal Place of Business Mailing Address
8680 N ATLANTIC AVENUE 8680 N ATLANTIC AVENUE
CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/09/1973 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2734745 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
STOTTLER, RICHARD H. JR.
8680 N. ATLANTIC AVENUE
CAPE CANAVERAL FL 32920

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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MCLOUTH, MALCOLM E.
STREET ADDRESS	7980 N ATLANTIC AVE
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	PD
NAME	STOTTLER, RICHARD H, JR
STREET ADDRESS	8680 N ATLANTIC AVE
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	VD
NAME	KAZMIERCZAK, EUGENE
STREET ADDRESS	5200-A PHILADELPHIA WAY
CITY-ST-ZIP	LANHAM MD
TITLE	SD
NAME	DEEVERS, JUDITH
STREET ADDRESS	8680 N ATLANTIC AVE
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	D
NAME	STARMER, WILLIAM E.
STREET ADDRESS	8680 N. ATLANTIC AVE
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(b), 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 1007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X 2d [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR