FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **511379** **(0)**

1. Corporation Name

ROSS, STEVENS & JOHNSON, INC.

Principal Place of Business	Mailing Address
30801 US 19. NORTH. STE. 201 PO BOX 386 PALM HARBOR FL 34682	~~30801 US 19. NORTH. STE. 201~~ PO BOX 386 PALM HARBOR FL 34682

3. Date Incorporated or Qualified: 08/27/1976
3a. Date of Last Report: 05/31/1995

4. FEI Number: 59-1688663 ☐ 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 33937 U.S. 19, N.	26 P. O. Box 386
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM HARBOR FL	28 City & State: PALM HARBOR FL
24 Zip: 34684 25 Country: PINELLAS	29 Zip: 34682-0386 30 Country: PINELLAS

9. Name and Address of Current Registered Agent

RICHARD L. ALFORD
1550 S. HIGHLAND AVE.
CLEARWATER FL 34616

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, KARALEE		1.2 NAME	
STREET ADDRESS	50 ORCHARD CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEFFERON, WILLIAM H		2.2 NAME	
STREET ADDRESS	400 PLAZA DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY		2.4 CITY-ST-ZIP	
TITLE	CPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, HUGH H., III		3.2 NAME	
STREET ADDRESS	50 ORCHARD CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, MARY		4.2 NAME	
STREET ADDRESS	30801 U.S. HWY 19, NORTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ERNSTROM, CARL		5.2 NAME	
STREET ADDRESS	400 PLAZA DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY		5.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, KARALEE		6.2 NAME	
STREET ADDRESS	50 ORCHARD CT.		6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		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)(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 on an attachment with an address.

SIGNATURE: _____ 4/24/96 (813)785-9165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)