

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H00477** (0)
1. Corporation Name
STAMPWORKS OF FLORIDA, INC.

Principal Place of Business: **208 N. WOODLAND BLVD. DELAND FL 32720 US**
Mailing Address: **208 N. WOODLAND BLVD. DELAND FL 32720 US**

APPROVED AND FILED
95 MAY -1 PM 9:53
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1984	3a. Date of Last Report 05/01/1994
21	Suits, Apt #, etc	26	Suits, Apt #, etc	4. FEI Number 59-2424214	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RISTING, GERALD E. 2135 W. DALE CIRCLE DELAND FL 32720				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	FL	05

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 registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISTING, GERALD E.	1.2 NAME	
STREET ADDRESS	2135 W. DALE CIRCLE	1.3 STREET ADDRESS	
CITY ST ZIP	DELAND FL	1.4 CITY ST ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISTING, ROBERT P.	2.2 NAME	
STREET ADDRESS	LAKE SHORE TRAILS, 3627 ROYAL FERN TRAIL	2.3 STREET ADDRESS	
CITY ST ZIP	DELAND FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: **GERALD E. RISTING** *Gerald E. Risting* **4/27/95** **904 736-6262**
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR