

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED AND FILED

95 MAY -1 PM 2:57 -1 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H43696** (4)  
1. Corporation Name  
**STARK TRUSS FLA., INC.**

Principal Place of Business  
**4684 W. TUSCARAWAS  
P.O. BOX 80469  
CANTON OH 44708**

Mailing Address  
**4684 W. TUSCARAWAS  
P.O. BOX 80469  
CANTON OH 44708**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/20/1985**  
3a. Date of Last Report: **06/14/1994**  
4. FEI Number: **59-2581195**  
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 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 Zip Country  
30

9. Name and Address of Current Registered Agent  
**SHINE, THOMAS E  
905 SARNO RD.  
SUITE A  
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent  
01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City FL 05 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YODER, ABNER A.	1.2 NAME	DICKEY, JAY
STREET ADDRESS	940 KNOLLWOOD RD., N.W.	1.3 STREET ADDRESS	4630 RIVERDALE RD
CITY - ST - ZIP	CANTON OH	1.4 CITY - ST - ZIP	BOLIVAR, OH 44612
TITLE	TD	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YODER, ESTHER	2.2 NAME	SPILLMAN, MARK
STREET ADDRESS	940 KNOLLWOOD RD., N.W.	2.3 STREET ADDRESS	10395 SHEPLER CHURCH RD
CITY - ST - ZIP	CANTON OH	2.4 CITY - ST - ZIP	BOLIVAR, OH 44612
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YODER, JAVAN	3.2 NAME	
STREET ADDRESS	369 N. BUEHLER RD.	3.3 STREET ADDRESS	10858 N BUEHLER RD NE
CITY - ST - ZIP	BOLIVAR OH	3.4 CITY - ST - ZIP	BOLIVAR, OH 44612
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLMAN, WENDY J.	4.2 NAME	
STREET ADDRESS	10395 SHEPLER CHURCH RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOLIVAR OH	4.4 CITY - ST - ZIP	BOLIVAR, OH 44612
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOCLER, STEPHEN E	5.2 NAME	YODER, STEPHEN E
STREET ADDRESS	835 KINGWOOD DR NE	5.3 STREET ADDRESS	2465 FALLEN OAK CIR NE
CITY - ST - ZIP	BOLIVAR OH	5.4 CITY - ST - ZIP	MASSILLON OH 44646
TITLE	ASD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEY, JANICE	6.2 NAME	
STREET ADDRESS	4630 RIVERDALE RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOLIVAR OH	6.4 CITY - ST - ZIP	BOLIVAR, OH 44612

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 changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **4-26-95**  
Daytime Phone #