

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **4664 W. TUSCARAWAS P.O. BOX 80469 CANTON OH 44708**
Mailing Address: **4664 W. TUSCARAWAS P.O. BOX 80469 CANTON OH 44708**

2. Principal Place of Business: 21 State, Apt., Etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt., Etc. 27 City & State 28 Zip Country 29 30
9. Name and Address of Current Registered Agent

**SHINE, THOMAS E
905 SARNO RD.
SUITE A
MELBOURNE FL 32935**

3. Date Incorporated or Qualified: **02/20/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2581195**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
Applied For: Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
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 607.002 and 607.15 of the 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, Sections 607.002 and 607.15 of the Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	YODER, ABNER A.	1. TITLE: D	DICKEY, JAY
STREET ADDRESS: 940 KNOLLWOOD RD., N.W.	CANTON OH	2. NAME: D	4630 RIVERDALE RD
CITY, ST, ZIP: CANTON OH		3. STREET ADDRESS: BOLIVAR OH	
TITLE: TD	YODER, ESTHER	4. CITY, ST, ZIP: BOLIVAR OH	
STREET ADDRESS: 940 KNOLLWOOD RD., N.W.	CANTON OH	5. TITLE: D	SPILLMAN, MARK
CITY, ST, ZIP: CANTON OH		6. NAME: D	10395 SHEPLER CHURCH RD
TITLE: VD	YODER, JAVAN	7. STREET ADDRESS: BOLIVAR OH	
STREET ADDRESS: 10858 N BUEHLER ROAD NE	BOLIVAR OH	8. CITY, ST, ZIP: BOLIVAR OH	
CITY, ST, ZIP: BOLIVAR OH		9. TITLE: SD	SPILLMAN, WENDY J.
TITLE: SD	SPILLMAN, WENDY J.	10. NAME: SD	10395 SHEPLER CHURCH RD
STREET ADDRESS: 10395 SHEPLER CHURCH RD	BOLIVAR OH	11. STREET ADDRESS: BOLIVAR OH	
CITY, ST, ZIP: BOLIVAR OH		12. CITY, ST, ZIP: BOLIVAR OH	
TITLE: VD	YOCLER, STEPHEN E	13. TITLE: VD	YOCLER, STEPHEN E
STREET ADDRESS: 2465 FALLEN OAK CIR NE	MASSILLON OH	14. STREET ADDRESS: 2465 FALLEN OAK CIR NE	MASSILLON OH
CITY, ST, ZIP: MASSILLON OH		15. CITY, ST, ZIP: MASSILLON OH	
TITLE: ASD	DICKEY, JANICE	16. TITLE: ASD	DICKEY, JANICE
STREET ADDRESS: 4630 RIVERDALE RD	BOLIVAR OH	17. STREET ADDRESS: 4630 RIVERDALE RD	BOLIVAR OH
CITY, ST, ZIP: BOLIVAR OH		18. CITY, ST, ZIP: BOLIVAR OH	

14. I do hereby certify that the information supplied was true and correct for the period stated 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 it made under oath; that I am an officer or director of the corporation; or the partner or business employee of a business entity whose tax status has not been reported as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an officer or director of the corporation.

SIGNATURE: _____ DATE: 2-6-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)