

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 44708-0469
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date incorporated or Qualified 02/20/1985	3a. Date of Last Report 04/15/1996
4. FEI Number 59-2581195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

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

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD YODER, ABNER A.	1.1 TITLE	D DICKEY, JAY
NAME	940 KNOLLWOOD RD., N.W.	1.2 NAME	4630 RIVERDALE RD
STREET ADDRESS	CANTON OH	1.3 STREET ADDRESS	BOLIVAR OH
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD YODER, ESTHER	2.1 TITLE	D SPILLMAN, MARK
NAME	940 KNOLLWOOD RD., N.W.	2.2 NAME	10395 SHEPLER CHURCH RD
STREET ADDRESS	CANTON OH	2.3 STREET ADDRESS	BOLIVAR OH
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD YODER, JAVAN	3.1 TITLE	
NAME	10858 N BUEHLER ROAD NE	3.2 NAME	
STREET ADDRESS	BOLIVAR OH	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD SPILLMAN, WENDY J.	4.1 TITLE	
NAME	10395 SHEPLER CHURCH RD	4.2 NAME	
STREET ADDRESS	BOLIVAR OH	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD YODER, STEPHEN E	5.1 TITLE	
NAME	2485 FALLEN OAK CIR NE	5.2 NAME	
STREET ADDRESS	MASSILLON OH	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ASD DICKEY, JANICE	6.1 TITLE	
NAME	4630 RIVERDALE RD	6.2 NAME	
STREET ADDRESS	BOLIVAR OH	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Vice President

CR2E034 (9/96)