

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H43696 (4)**  
1. Corporation Name  
**STARK TRUSS FLA., INC.**



Principal Place of Business <b>4664 W. TUSCARAWAS P.O. BOX 80469 CANTON OH 44708</b>	Mailing Address <b>4664 W. TUSCARAWAS P.O. BOX 80469 CANTON OH 44708</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/20/1985</b>	
21 <b>109 Miles AVE SW</b>	26 <b>109 MILES AVE SW</b>	4. FEI Number <b>59-2581195</b>		Applied For Not Applicable	
22 <b>P.O. BOX 80469</b>	27 <b>PO BOX 80469</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>CANTON OH</b>	28 <b>CANTON OH</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>44708</b>	25 <b>USA</b>	29 <b>44708</b>	30 <b>USA</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YODER, ABNER A.</b>	1.2 NAME	
STREET ADDRESS	<b>940 KNOLLWOOD RD., N.W.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTON OH</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YODER, ESTHER</b>	2.2 NAME	
STREET ADDRESS	<b>940 KNOLLWOOD RD., N.W.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTON OH</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<b>VICE-PRESIDENT, DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YODER, JAVAN</b>	3.2 NAME	<b>YODER, JAVAN</b>
STREET ADDRESS	<b>10858 N BUEHLER ROAD NE</b>	3.3 STREET ADDRESS	<b>6962 MAPLERIDGE CIRCLE NW</b>
CITY-ST-ZIP	<b>BOLIVAR OH</b>	3.4 CITY-ST-ZIP	<b>CANTON OH 44718</b>
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPILLMAN, WENDY J.</b>	4.2 NAME	
STREET ADDRESS	<b>10395 SHEPLER CHURCH RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOLIVAR OH</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	5.1 TITLE	<b>VICE-PRESIDENT, DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOCLER, STEPHEN E</b>	5.2 NAME	<b>YODER, STEPHEN E</b>
STREET ADDRESS	<b>2465 FALLEN OAK CIR NE</b>	5.3 STREET ADDRESS	<b>2465 FALLEN OAK CIR NE</b>
CITY-ST-ZIP	<b>MASSILLON OH</b>	5.4 CITY-ST-ZIP	<b>MASSILLON OH 44646</b>
TITLE	<b>ASD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKEY, JANICE</b>	6.2 NAME	
STREET ADDRESS	<b>4630 RIVERDALE RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOLIVAR OH</b>	6.4 CITY-ST-ZIP	

14. I 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, on an attachment with an address.

SIGNATURE: *Wendy J. Spillman* **4-29-98**

CFR2E034 (10/97)