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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 10 AM 9:08

DOCUMENT # 163056 (5)

1. Corporation Name
DURA-STRESS, INC.

Principal Place of Business
11325 CR 44
P.O. BOX 490779
LEESBURG FL 34749-7779

Mailing Address
11325 CR 44
P.O. BOX 490779
LEESBURG FL 34749-7779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1950
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-0763463 — Applied For / Not Applicable
State, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
FULLER, G. KENT
9317 FERNERY RD
LEESBURG FL 34788

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) of registered agent and title, if applicable) (Draft Registered Agent signature requirement under revisions)

12. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	FULLER, G. KENT
STREET ADDRESS	9317 FERNERY ROAD
CITY ST ZIP	LEESBURG FL
TITLE	SD
NAME	BROWN, EDWARD R.
STREET ADDRESS	631 SOUTH FLAMINGO DRIVE
CITY ST ZIP	HOLLY HILL FL
TITLE	V
NAME	BAKER, CHARLES B.
STREET ADDRESS	404 S 12TH STREET
CITY ST ZIP	LEESBURG FL
TITLE	D
NAME	ROSIER, CAROL
STREET ADDRESS	4850 HESTER STREET
CITY ST ZIP	SANFORD FL
TITLE	T
NAME	WOLF, VERNON
STREET ADDRESS	9830 BUNKER ROAD
CITY ST ZIP	LEESBURG, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing, as required by Section 607.0505, Florida Statutes, is true and correct. I further certify that the information contained on this annual report or supplemental annual report is true and correct and that my signature shall be the same as required by law. I further make oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is added in Block 13 with an addition.

SIGNATURE: G. K. Fuller — G. Kent Fuller — 1/12/95 — (904) 787-1422
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462743 FP