

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

10/05/1950

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMERS, GARY L. ESQ.  
WILLIAMS, SMITH AND SUMMERS, P.A.  
380 WEST ALFRED STREET  
TAVARES FL 32778-3298

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

Signature, typed or printed name of registered agent, and the legal name

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	

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)(k), 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 or person 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  
Edward R. Brown, Secretary

4/26/96 (904) 787-1422

Daytime Phone #

CR2E034 (12/95)