

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90252 011 \*\*\*300.00

DOCUMENT # 163056

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

4. FEI Number

59-0763463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE  
NAME FULLER, G. KENT  
STREET ADDRESS 9317 FERNERY ROAD  
CITY-ST-ZIP LEESBURG FL

TITLE SD ☐ DELETE  
NAME BROWN, EDWARD R.  
STREET ADDRESS 631 SOUTH FLAMINGO DRIVE  
CITY-ST-ZIP HOLLY HILL FL

TITLE V ☐ DELETE  
NAME BAKER, CHARLES B.  
STREET ADDRESS 404 S 12TH STREET  
CITY-ST-ZIP LEESBURG FL

TITLE D ☒ DELETE  
NAME ROSIER, CAROL  
STREET ADDRESS 4850 HESTER STREET  
CITY-ST-ZIP SANFORD FL

TITLE D ☐ DELETE  
NAME Margaret B. Fuller  
STREET ADDRESS 9317 Fernery Rd.  
CITY-ST-ZIP Leesburg FL 34788

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-99

352 787-1422

CR2E034 (1/98)