FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **309544** **(5)**

1. Corporation Name

H.L. STANSELL, INC.

Principal Place of Business	Mailing Address
1221 ALT U.S. HWY 19 P.O. BOX 158 PALM HARBOR FL 34683	1221 ALT U.S. HWY 19 P.O. BOX 158 PALM HARBOR FL 34683

3. Date Incorporated or Qualified: **09/29/1966**
3a. Date of Last Report: **05/16/1995**

2. Principal Place of Business (21) (22) (23) (24) (25)
2a. Mailing Address (26) (27) (28) (29) (30)

4. FEI Number: **59-1150096** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

STANSELL R. L.
170 SPRING BLVD.
TARPON SPRINGS, F. 34689

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 for filing. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE			☑ Change ☐ Addition
TITLE	PD		1.1 TITLE	PDC	
NAME	STANSELL, ROBERT L		1.2 NAME		
STREET ADDRESS	170 SPRING BLVD N.		1.3 STREET ADDRESS	} No change except title.	
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	~~STANSELL, H L~~		2.2 NAME	~~SUSAN STANSELL~~ SUZANNE STANSELL	
STREET ADDRESS	~~1019 ILLINOIS AVE~~		2.3 STREET ADDRESS	170 SPRING BLVD	
CITY-ST-ZIP	~~PALM HARBOR, FL 00000~~		2.4 CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	~~DT~~	☒ DELETE	3.1 TITLE	VTDS	☐ Change ☒ Addition
NAME	~~GRAY, WILLIAM L.~~		3.2 NAME	THOMAS A. PORTER	
STREET ADDRESS	~~1951 EDGEWATER DR.~~		3.3 STREET ADDRESS	9012 HOGAN'S BEND	
CITY-ST-ZIP	~~CLEARWATER FL~~		3.4 CITY-ST-ZIP	TAMPA, FL	
TITLE	~~V~~	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~STANSELL, PRESTON~~		4.2 NAME		
STREET ADDRESS	~~3121 DARLINGTON ROAD~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~HOLIDAY FL~~		4.4 CITY-ST-ZIP		
TITLE	~~V~~	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~LOCASCIO, TAMMY S.~~		5.2 NAME		
STREET ADDRESS	~~P.O. BOX 782~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~CRYSTAL BEACH FL~~		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Thomas A. Porter THOMAS A. PORTER SECRETARY/TREASURER 5/1/96 (813) 784-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #