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FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90021 036 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 328281

1. Corporation Name
STUMP'S DEPARTMENT STORE, INC.



Principal Place of Business Mailing Address
345 WEST MADISON STARKE FL 32091
PO DRAWER 700 STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1968

4. FEI Number
59-1205977

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
WOMACK, JAMES L.
HC-1 BOX 109 HAMPTON, FL. 32044
PO BOX 700
STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name **Evelyn T. Womack**

82 Street Address (P.O. Box Number is Not Acceptable)
7502 CR 18 Hampton, FL 32044

83 **P.O. Box 700**

84 City **Starke** FL 85 Zip Code **32091**

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 Evelyn T. Womack DATE 4/25/99
 Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOMACK, JAMES L.	
STREET ADDRESS	PO DRAWER 700 (N/A)*	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WOMACK, EVELYN T.	
STREET ADDRESS	PO DRAWER 700 (N/A)*	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	Board Member	<input type="checkbox"/> DELETE
NAME	Valerie Hamilton	
STREET ADDRESS	6537 Patti St	
CITY-ST-ZIP	Keystone Heights, FL 32656	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Board member
3.3 STREET ADDRESS	Valerie Hamilton
3.4 CITY-ST-ZIP	6537 Patti Street
	Keystone Heights, FL 32656
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Evelyn T. Womack DATE 4/25/99 DAYTIME PHONE # 004-964-5423
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)