

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 # **483952** (8)

1. Corporation Name
STRIPE-RITE SOUTH, INC.



Principal Place of Business: **2740 NW 55TH COURT FT LAUDERDALE FL 33309**
Mailing Address: **2740 NW 55TH COURT FT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **09/04/1975**
3a. Date of Last Report: **01/18/1995**

21. Principal Place of Business: **STRIPE-RITE SOUTH, INC**
22. **105 SAXON BLVD.**
23. **DELTONA, FL**
24. **32738**
25. **VALUSA**
26. Mailing Address: **STRIPE-RITE SOUTH, INC**
27. **105 SAXON BLVD**
28. **DELTONA, FL**
29. **32738**
30. **VALUSA**

4. FEI Number: **59-1637988**
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
WILBY, TOM
13 SUNSET LANE
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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: *Tom Wilby, Pres* **TOM WILBY** **2/28/96**
Signature of Registered Agent (Print Name and Title if Applicable) (NOTE: Registered Agent Signature required when transferring) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	WILBY, TOM	
STREET ADDRESS	13 SUNSET LANE	
CITY-STATE-ZIP	POMPANO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WILBY, JEANIE M.	
STREET ADDRESS	13 SUNSET LANE	
CITY-STATE-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PT WILBY, TOM	
1.3 STREET ADDRESS	105 SAXON BLVD	
1.4 CITY-STATE-ZIP	DELTONA, FL 32738	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILBY, JEANIE M.	
2.3 STREET ADDRESS	105 SAXON BLVD.	
2.4 CITY-STATE-ZIP	DELTONA FL 32738	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 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: *Tom Wilby, Pres* **TOM WILBY** **2/28/96** **954-731-7856**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)