

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 691264 (6)

1. Corporation Name
STAMBAUGH GROVE SERVICE, INC.

Principal Place of Business Mailing Address
**107 MASSASOIT ST
PO BOX 275
AUBURNDALE FL 33823
US** **107 MASSASOIT ST
PO BOX 275
AUBURNDALE FL 33823
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/19/1981	3a. Date of Last Report 08/15/1994
4. FEI Number 59-2108885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent

**STAMBAUGH, JERE L., III
1606 ARIANA BLVD.
AUBURNDALE FL**

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 signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMBAUGH, JERE L, III	1.2 NAME	
STREET ADDRESS	209 OSCEOLA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMBAUGH, HANNAH W	2.2 NAME	
STREET ADDRESS	1606 ARIANA BLV POB 275	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMBAUGH, ROSEMARY	3.2 NAME	
STREET ADDRESS	209 OSCEOLA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 33823	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(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: [Signature] P. 263 4-26-95 2/39673012
SIGNATURE AND TYPE IN PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Date