

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F06875 (1)

1. Corporation Name

STUART RUBBER STAMP & SIGN CO., INC.



Principal Place of Business

804 LINCOLN AVENUE
C/O MICHAEL L. LEACH
STUART FL 34994

Mailing Address

804 LINCOLN AVENUE
C/O MICHAEL L. LEACH
STUART FL 34994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

LEACH, MICHAEL L.
804 LINCOLN AVENUE
STUART FL 34994

3. Date Incorporated or Qualified

11/14/1980

3a. Date of Last Report

02/08/1995

4. FEI Number

59-2051499

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

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 the corporation

(NOTE: Registered Agent Signature required after recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LEACH, MICHAEL L.
STREET ADDRESS 804 LINCOLN AVE.
CITY- ST- ZIP STUART FL

TITLE PD
NAME LEACH, MICHAEL L.
STREET ADDRESS 804 LINCOLN AVE
CITY- ST- ZIP STUART FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 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 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:

Michael L. Leach Pres.
Michael L. Leach Pres.

4/16/96

407-287-2294

CR2E034 (12/95)