


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # G41813 (8)		
1. Corporation Name STITCH-TEC CO., INC.		



Principal Place of Business 811 N.WASHINGTON ST. P.O. BOX 253 NASHVILLE IL 62263	Mailing Address 811 N.WASHINGTON ST. P.O. BOX 253 NASHVILLE IL 62263-0253
----------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

2. Principal Place of Business 21 887 N. Washington St.		2a. Mailing Address 26 887 N. Washington St.		3. Date Incorporated or Qualified 06/02/1983	3a. Date of Last Report 04/18/1996
Suite, Apt. #, etc. 22 P.O. Box 253		Suite, Apt. #, etc. 27 P.O. Box 253		4. FEI Number 59-2299946	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Nashville IL		City & State 28 Nashville IL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 62263		Zip 29 62263		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 Washington		Country 30 Washington		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, ERIC R		1.2 NAME	
STREET ADDRESS P.O. BOX 253 N/A		1.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE IL 62263		1.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLER, TAMARA A		2.2 NAME	
STREET ADDRESS 8271 LEBANON ROAD		2.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE IL 62263		2.4 CITY - ST - ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, H J		3.2 NAME	
STREET ADDRESS P.O. BOX 253 N/A		3.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE IL 62263		3.4 CITY - ST - ZIP	
TITLE STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, PAT		4.2 NAME	
STREET ADDRESS P.O. BOX 253 N/A		4.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE IL 62263		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: Tamara A. Keller 1/2/97 618/327-8054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)