

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H83651 (0)**

1. Corporation Name
STEARNS PEAT CO, INC.



Principal Place of Business Mailing Address
36909 BLANTON RD. DADE CITY FL 33525

3. Date Incorporated or Qualified **11/01/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	25 Country	29 Zip	30 Country

4. FEI Number **59-2632689** 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				10. Name and Address of New Registered Agent			
STEARNS, KENNETH F. 36909 BLANTON RD. DADE CITY FL 33525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEARNS, KENNETH F.	1.2 NAME	
STREET ADDRESS	2010 STEARNS RD.	1.3 STREET ADDRESS	36909 Blanton Rd
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	Dade City, FL 33525
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEARNS, KENNETH F.	2.2 NAME	
STREET ADDRESS	2010 STEARNS RD.	2.3 STREET ADDRESS	36909 Blanton Rd
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	Dade City FL 33525
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEARNS, KENNETH F.	3.2 NAME	
STREET ADDRESS	2010 STEARNS RD.	3.3 STREET ADDRESS	36909 Blanton Rd
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	Dade City FL 33525
TITLE	VPS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEARNS, KATHRYN P.	4.2 NAME	
STREET ADDRESS	2010 STEARNS RD.	4.3 STREET ADDRESS	36909 Blanton Rd
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	Dade City FL 33525
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathryn P. Stearns* **KATHRYN P. STEARNS** 6/10/90 350.567-3418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DESTROYED FILE #

CR2E034 (3/96)