

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
Tallahassee, Florida 32399-0400

APPROVED  
AND  
FILED

MAY -1 AM 4:25

DOCUMENT # **J20959**

(9)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUCH 'N STUFF, INC.

DO NOT WRITE IN THIS SPACE

|  |                     |  |                                |  |                         |
|--|---------------------|--|--------------------------------|--|-------------------------|
| 1. Principal Office Location   |                     | 2a. Mailing Address  |                                | 3. Date of Incorporation (or date)   | 3a. Date of Last Report |
| % ROBERT A. DICKINSON<br>460 S INDIANA AVENUE<br>ENGLEWOOD FL 34223-3702 |                     | % ROBERT A. DICKINSON<br>460 S INDIANA AVENUE<br>ENGLEWOOD FL 34223-3702 |                                | 06/23/1986   | 04/15/1994              |
| 2. Principal Office Location   | 2a. Mailing Address | 4. FEI Number  | Agreed For                     |  |                         |
| 21   | 26                  | 59-2699518   | Not Applicable                 |  |                         |
| 22   | 27                  | 5. Certificate of Status Issued  | \$8.75 Additional Fee Required |  |                         |
| 23   | 28                  | 6. Election Campaign Financing Trust Fund Contribution                   | \$5.00 May Be Added to Fees    |  |                         |
| 24   | 25                  | 29   | 30                             | 8. Does corporation have liability for poll taxes under Florida Election Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                         |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                  |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| DICKINSON, ROBERT A.<br>460 S. INDIANA AVE<br>ENGLEWOOD FL 33533 |  |  |  | 01   | Name   |    |    |
|  |  |  |  | 02   | Street Address, if P.O. Box Number or Not Applicable |    |    |
|  |  |  |  | 03   | City   |    |    |
|  |  |  |  | 04   | City   | FL | 05 |

11. I, the undersigned, as Secretary, Treasurer, and Director of SUCH 'N STUFF, INC., Florida Statute 607.01, hereby certify that the information furnished on this statement for the purpose of changing its registered office is true and correct and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am aware that I will be held responsible for the compliance of this report with Florida Statute 607.01.

|                            |  |  |   |
|----------------------------|--|--|---|
| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS CHANGES TO OFFICERS, AND DIRECTORS IN 12 |   |
| NAME                       | D<br>LADD, PAUL L.<br>1 COVE LANE<br>ENGLEWOOD FL        | 1. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | PD<br>LADD, JENNIE<br>2 COVE LANE<br>ENGLEWOOD FL        | 2. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY                       | S<br>LONDON, DELORIS<br>29 CADDY ROAD<br>ROTONDA WEST FL | 3. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | 5. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY                       |  | 6. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and checked and checked equally for the corporation stated as has been required by Florida Statute 607.01, and that the information included on this annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am aware that I will be held responsible for the compliance of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this filing unless I have indicated otherwise with an addition.

SIGNATURE: *Paul L. Ladd* President 4-29-95 813 475-4084  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR