

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K37307 (1)

**1. Corporation Name
STUMPMASTERS, INC.**

**Principal Place of Business
20300 N.W. 3RD STREET
PEMBROKE PINES FL 33029**

**Mailing Address
20300 N.W. 3RD STREET
PEMBROKE PINES FL 33029**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified
10/05/1988**

**3a. Date of Last Report
04/29/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

**4. FEI Number
65-0167950**

**Applied For
Not Applicable**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

23 City & State

28 City & State

**6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees**

24 Zip

Country

29 Zip

Country

**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

**LEONARD, MICHAEL J.
20300 NW 3RD STREET
PEMBROKE PINES FL 33029**

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
LEONARD, MICHAEL J.
20300 NW 3RD STREET
PEMBROKE PINES FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
LEONARD, LORI
20300 NW 3RD STREET
PEMBROKE PINES 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(b), 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 J. Leonard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 305-436-9178
Date System Name #