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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOC	U۱	MENT	#	<b>K3</b>

(1)

1. Corporation Name

STUMPMASTERS, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Ζıρ

21

22

23

24

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

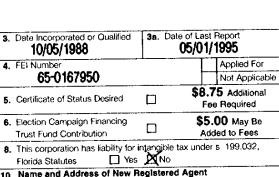
27

28

29

9. Name and Address of Current Registered Agent

20300 N.W. 3RD STREET PEMBROKE PINES FL 33029



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

25

Τ	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City Fi 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.

Country

30

BIGNATURE	ignature, typed or printed name of registered agent and tit	e i applicable (NO	TE: Pagistered Agent signature required	i when reinstaring) DATE
?.	OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ILE T	DP	DELETÉ	1. 1 TITLE	☐ Change ☐ Additio
AME	LEONARD,MICHAEL J.		1,2 NAME	
REET ADDRESS	20300 NW 3RD STREET		1.3 STREET ADDRESS	
IY-SI-ZIP	PEMBROKE PINES FL		1.4 CITY - ST - ZIP	
TLF	DST	DELETE	2. 1 TiTLE	Change Addition
AME	LEONARD,LORI	_	22 NAME	
TREET ADDRESS	20300 NW 3RD STREET		2 3 STREET ADDRESS	
ITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY - S1 - ZIP	
1LE	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	☐ DELETE	3 1 TITLE	Change Addition
AME			3 2 NAME	
TREET ADDRESS			3 3 STREET ADDRESS	
ITY-ST-ZIP			3.4 CITY-ST-ZIP	
ITLE		☐ DELETE	4. 1 TITLE	Change Addition
AME			4.2 NAME	
TREET ADDRESS			4.3 STREET ADDRESS	
ITY-ST-ZIP			4 4 CITY-ST-ZIP	
TLE		DELETE	5 1 TITLE	Change Additi
AME			5.2 NAME	
TREET ADDRESS			5.3 STREET ADDRESS	
TY-ST-ZIP			5.4 CITY-ST-ZIP	
ITLE		☐ DELETE	6 1 TITLE	Change Additi
AME			62 NAME	
TREET ADDRESS			6.3 STREET ADDRESS	
SITE I ADDICOS			6 4 CITY - ST - ZIP	

14. If 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 cath; 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.

954-436-2917 4- 23.96