FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 16 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L28474 (9)

1. Corporation Name
STUMP ELIMINATOR, INC.

Principal Place of Business	Mailing Address
% MARGIE WARREN 2114 ST CROIX AVE FT MYERS FL 33905	% MARGIE WARREN 2114 ST CROIX AVE FT MYERS FL 33905

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1989
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21 2144 Saint Croix Ave
Suite, Apt. #, etc. 22
City & State 23: Fort Myers Florida
Zip 24: 33905 Country 25: Lee

2a. Mailing Address
26 2144 Saint Croix Ave
Suite, Apt. #, etc. 27
City & State 28: Fort Myers Florida
Zip 29: 33905 Country 30: Lee

4. FEI Number: 65-0164061 ☐ 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

WARREN, MARGIE
2114 ST CROIX AVE
FT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2144 Saint Croix Avenue
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WARREN, MARGIE	1.2 NAME	Warren, Margie	
STREET ADDRESS	2114 ST CROIX AVE	1.3 STREET ADDRESS	2144 Saint Croix Avenue	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Fort Myers Florida 33905	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	WARREN, JIM	2.2 NAME	Delete	
STREET ADDRESS	2114 ST CROIX AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	Warren, Marvin	
STREET ADDRESS		3.3 STREET ADDRESS	13476 Marquette Boulevard	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Fort Myers Florida 33905	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: Margie Warren Margie Warren 3-11-95 813-694-0851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0333072 CP