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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L28474** **(9)**

1. Corporation Name
STUMP ELIMINATOR, INC.

Principal Place of Business	Mailing Address
2144 SAINT CROIX AVE 2114 ST CROIX AVE FORT MYERS FL 33905 US	2144 SAINT CROIX AVE FORT MYERS FL 33905 US

3. Date Incorporated or Qualified: **10/11/1989**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business — 21: 13331 Marquette Blvd
2a. Mailing Address — 26: 13331 Marquette Blvd
22: Suite, Apt. #, etc
27: Suite, Apt. #, etc
23: City & State: Fort Myers Fl
28: City & State: Fort Myers Fl
24: Zip: 33905 — 25: Country: USA
29: Zip: 33905 — 30: Country: USA

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
2144 SAINT CROIX AVENUE
FT MYERS FL 33905

10. Name and Address of New Registered Agent

81: Name
82: Street Address (P.O. Box Number is Not Acceptable): 13331 Marquette Boulevard
83:
84: City: Fort Myers — FL — 85: 33905

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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's signature required when adding, changing or deleting officers or directors

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	WARREN, MARGIE		12 NAME	
STREET ADDRESS	2144 SAINT CROIX AVENUE		13 STREET ADDRESS	13331 Marquette Boulevard
CITY-ST-ZIP	FT MYERS FL		14 CITY-ST-ZIP	Fort Myers Florida 33905
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	WARREN, MARVIN		22 NAME	
STREET ADDRESS	13476 MARQUETTE BOULEVARD		23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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 — 5-23-96 — 941 694-0851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #