

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000000721 (0)
1. Corporation Name
STAPLETON DEVELOPMENT, INC.

Principal Place of Business 7517 BLIND PASS ROAD ST. PETERSBURG BEACH FL 33706	Mailing Address 7517 BLIND PASS ROAD ST. PETERSBURG BEACH FL 33706
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/26/1992		3a. Date of Last Report 02/11/1994	
2. Principal Place of Business 21 1110 Pinellas Bayway Suite, Apt. #, etc. 22 Suite 200 City & State 23 Tierra Verde, FL		2a. Mailing Address 26 1110 Pinellas Bayway Suite, Apt. #, etc. 27 Suite 200 City & State 28 Tierra Verde, FL	
4. FEI Number 59-3150583		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
b. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 33715	25 U. States	29 33715	30 U. States

9. Name and Address of Current Registered Agent STAPLETON, WILLIAM H III 7517 BLIND PASS ROAD ST. PETERSBURG BEACH FL 33706		10. Name and Address of New Registered Agent 81 Name Stapleton, William H. III 82 Street Address (P.O. Box Number is Not Acceptable) 1110 Pinellas Bayway 83 Suite 200 84 City Tierra Verde FL 85 Zip Code 33715	
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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	PTSD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLETON, WILLIAM H III	12 NAME	
STREET ADDRESS	7517 BLIND PASS ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33707	14 CITY - ST - ZIP	
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(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 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 I am listed on an appointment with an address.

SIGNATURE:  **8/2/95** **813-865-0998**
Signature: typed or printed name of signing officer or director. (Date) (Telephone Number)