

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000007533 (2)

1. Corporation Name

STITCHIT, INC.

Principal Place of Business

1415 N. PARTIN DR.
NICEVILLE FL 32578
US

Mailing Address

P.O. BOX 354
NICEVILLE FL 32588



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

9. Name and Address of Current Registered Agent

YOUNG, RICHARD T
1415 N. PARTIN DRIVE
NICEVILLE FL

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 607.0503, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of person authorized to execute this statement

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	YOUNG, RICHARD T	
STREET ADDRESS	1415 N. PARTIN DR.	
CITY-STATE-ZIP	NICEVILLE FL	
TITLE	TSD	☐ DELETE
NAME	YOUNG, TAMMY S	
STREET ADDRESS	1415 N. PARTIN DR.	
CITY-STATE-ZIP	NICEVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 of this report or on an attached sheet with an address.

SIGNATURE:

Richard T. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

678-1524

DATE

PHONE NUMBER

CR2E034 (12/95)