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CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet B. Mather
Secretary, Florida
Department of State

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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95 MAY -1 AM 10: 33

STACO ENTERPRISES, INC.

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JACKSONVILLE FL 32205
US

P O BOX 17635
JACKSONVILLE FL 32216
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PRINT OR TYPE IN THIS SPACE

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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLOYD, STACY K 123 WAMSLEY STREET JACKSONVILLE FL 32205	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c), 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 understand the obligations of a registered agent under Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY
NAME PTD FLOYD, STACY K 123 WAMSLEY DRIVE JACKSONVILLE FL 32205	1. NAME 2. STREET ADDRESS 3. CITY AND STATE 4. ZIP CODE 5. NAME 6. STREET ADDRESS 7. CITY AND STATE 8. ZIP CODE 9. NAME 10. STREET ADDRESS 11. CITY AND STATE 12. ZIP CODE 13. NAME 14. STREET ADDRESS 15. CITY AND STATE 16. ZIP CODE 17. NAME 18. STREET ADDRESS 19. CITY AND STATE 20. ZIP CODE 21. NAME 22. STREET ADDRESS 23. CITY AND STATE 24. ZIP CODE

14. I, the undersigned, certify that this statement is submitted with the filing voluntarily, knowingly, and truthfully, and that I am not aware of any other person who is authorized to file this statement on behalf of the corporation. I am familiar with and understand the obligations of a registered agent under Florida Statutes, and that my name appears in Block 1 of Block 13 of this statement as required by Chapter 607, Florida Statutes.

SIGNATURE: _____
DATE: 4-15-95