

FILED  
May 19 1998 8:00am  
Secretary of State



1. Corporation Name  
**D. B. STUCCO, INC.**

Principal Place of Business	Mailing Address
146 TULANE ROAD VENICE FL 34293	146 TULANE ROAD VENICE FL 34293

3. Date Incorporated or Qualified  
10/21/1993

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
<b>21</b>		<b>26</b>		<b>65-0444696</b>		<b>Not Applicable</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>23</b>		<b>28</b>					
Zip	Country	Zip	Country				
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HANCOCK, EDITH</b> <b>146 TULANE ROAD</b> <b>S VENICE FL 34293</b>	81	Name	<i>Edith Hancock</i>
	82	Street Address (P.O. Box Number is Not Acceptable)	<i>146 Tulane Rd</i>
	83		<i>S. Venice Fl 34293</i>
	84	City	<b>FL</b> <i>34293</i>
		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 Edith Hancock DATE May 1, 98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, EDITH	1.2 NAME	
STREET ADDRESS	146 TULANE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34293	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, WILLIAM J JR	2.2 NAME	
STREET ADDRESS	146 TULANE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34293	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, DARRELL	3.2 NAME	
STREET ADDRESS	146 TULANE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34293	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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.

CP2E034 (10/97)