FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED

DOCUMENT # P93000074880 (4)

1. TRACY FULTZ, INC.

Principal Place of Business	Mailing Address
2828 LINWOOD DR. SARASOTA FL 34232	2828 LINWOOD DR. SARASOTA FL 34232

3. 10/25/1993
3a. 07/11/1994
4. 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. X Yes [ ] No

9. Name and Address of Current Registered Agent

FULTZ, TRACY
2828 LINWOOD DR.
SARASOTA FL 34232

10. Name and Address of New Registered Agent

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 607.1508, 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

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: FULTZ, TRACY
STREET ADDRESS: 2828 LINWOOD DR.
CITY-ST-ZIP: SARASOTA FL 34232

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. I 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 the 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 X Tracy S. Fultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0339722 CP