

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000079004 (4)**

1. Corporation Name  
**TRUMPLER ENTERPRISES, INC. // STC HOLDINGS, Inc**

*NC 3/1/96*



Principal Place of Business: 1819 MAIN ST., STE. 610 SARASOTA FL 34236  
Mailing Address: 1819 MAIN ST., STE. 610 SARASOTA FL 34236

3. Date Incorporated or Qualified <b>10/13/1995</b>	3a. Date of Last Report <b>n/a</b>
4. FEI Number <b>65-0617-823</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>2 N. Tamiami Trail</b>	26 <b>2 N. Tamiami Trail</b>
22 <b>Suite 106</b>	27 <b>Suite 106</b>
23 <b>Sarasota, Fl</b>	28 <b>Sarasota, Fl</b>
24 <b>34236</b>	29 <b>34236</b>
25 <b>USA</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>NORTON, SAM D 1819 MAIN ST., STE. 610 SARASOTA FL 34236</b>	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: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUMPLER, RICHARD P</b>	2 NAME	
STREET ADDRESS	<b>7601 WEEPING WILLOW BLVD.</b>	3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL 34241</b>	4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gustafson, Karin E.</b>	22 NAME	
STREET ADDRESS	<b>1084 S. Briggs Ave.</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>Sarasota, FL 34237</b>	24 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Perkins, Robert E.</b>	32 NAME	
STREET ADDRESS	<b>1800 Second St. Suite 905</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>Sarasota, Fl 34239</b>	34 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robbins, Lynn</b>	42 NAME	
STREET ADDRESS	<b>100 N. Tamiami Trail</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>Sarasota, Fl 34236</b>	44 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Powell, Virginia Smith</b>	52 NAME	
STREET ADDRESS	<b>700 John Ringling Blvd.</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>Sarasota, Fl 34236</b>	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

**500001800505**  
**-04/30/96--01009--039**  
**\*\*\*200.00**

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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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/19/96* *941-951-1616*  
Date: Online Phone #

CR2E034 (12/95)