

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000038506

1. Corporation Name

STUWIL, INC.

Principal Place of Business	Mailing Address
1829 Selva Grande Dr. Atlantic Beach, FL 32233	1829 Selva Grande Dr. Atlantic Beach, FL 32233

3. Date Incorporated or Qualified April 29, 1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 2789 Park Street	26 Suite, Apt. #, etc.
22 State, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Jacksonville FL	28 City & State
24 Zip 32205-7609	29 Zip 30 Country

4. FEI Number 59-3376688	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Richard M. Gray
1829 Selva Grande Drive
Atlantic Beach, FL 32233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard M. Gray	1.2 NAME	
STREET ADDRESS	1829 Selva Grande Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach FL 32233 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	D VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth S. Barber	2.2 NAME	
STREET ADDRESS	1829 Selva Grande Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach, FL 32233	2.4 CITY-ST-ZIP	
TITLE	D VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell C. Stuart	3.2 NAME	
STREET ADDRESS	1829 Selva Grande Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach, FL 32233	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Madeline M. Gray	4.2 NAME	
STREET ADDRESS	1829 Selva Grande Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach, FL 32233	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 do 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 included 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: *Richard M. Gray* Richard M. Gray President 1/10/97 904-396-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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