

**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

**FILED**  
**Apr 26 1996 8:00 am**  
Secretary of State

**DOCUMENT # S39386 (5)**

1. Corporation Name  
**STINSON AND ASSOCIATES, INC.**



Principal Place of Business: **16817 WINDSOR PARK DR. LUTZ FL 33549 US**  
Mailing Address: **16817 WINDSOR PARK DR. LUTZ FL 33549 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	4010 W. State St.	26	4010 W. State St.	03/18/1991	05/01/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3058828	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Tampa, Fl		28 Tampa, Fl		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	33609	25	USA	29	33609
30	USA	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STINSON JR., T. EDWIN 16817 WINDSOR PARK DR. LUTZ FL 33549				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	415 South Hyde Park		
				84	City	Tampa	85

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: *Victor W. Holcomb* (NOTE: Registered Agent signature required when reinstating) DATE: **4-23-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	STINSON, T. EDWIN JR.	1.2 NAME	Volpi, David
STREET ADDRESS	16817 WINDSOR PARK DRIVE	1.3 STREET ADDRESS	3911 Swann
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	Tampa, Fl
TITLE	ST	2.1 TITLE	PD
NAME	STINSON, DIANE L.	2.2 NAME	Harper, William
STREET ADDRESS	16817 WINDSOR PARK DRIVE	2.3 STREET ADDRESS	901 Valmar St.
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	Brandon, Fl
TITLE		3.1 TITLE	VPD
NAME		3.2 NAME	Holt, William
STREET ADDRESS		3.3 STREET ADDRESS	5820 Dory Way
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, Fl
TITLE		4.1 TITLE	STD
NAME		4.2 NAME	Aust, Dennis
STREET ADDRESS		4.3 STREET ADDRESS	3003 Samara
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, Fl
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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, unchanged, or on an attachment with an address.

SIGNATURE: *DAVID VOLPI* DATE: **4-19-96** DAYTIME PHONE: **813 289 8228**

CR2E034 (12/95)