

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 # **V56839** (6)
1. Corporation Name
LUPTON INDUSTRIES, INC.



Principal Place of Business: **409 BELVEDERE OVAL TEMPLE TERRACE FL 33617 US**
Mailing Address: **409 BELVEDERE OVAL TEMPLE TERRACE FL 33617 US**

3. Date Incorporated or Qualified: **06/12/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **05-0359865**
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
22. Suite, Apt. #, etc. City & State Zip Country
23. City & State Zip Country
24. Zip Country

9. Name and Address of Current Registered Agent
**LUPTON, RALPH J., III
409 BELVEDERE OVAL
TEMPLE TERRACE FL 33617**

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: _____ DATE: _____
Signature typed or printed name of registered agent and typed signature of Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUPTON, RALPH J., III	2. NAME	
STREET ADDRESS	409 BELVEDERE OVAL	3. STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUPTON, RALPH J., III	6. NAME	
STREET ADDRESS	409 BELVEDERE OVAL	7. STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: **4-27-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)