

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90039 048 ****70.00

DOCUMENT # 761954

1. Corporation Name

OLD STANTON, INC.

Principal Place of Business

**2323 COURTNEY DRIVE
JACKSONVILLE FL 32208**

Mailing Address

**2323 COURTNEY DRIVE
JACKSONVILLE FL 32208**

568038 - 90039 - 48



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

02/12/1982

4. FEI Number

59-2230026

Applied For

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

9. Name and Address of Current Registered Agent

**MITCHELL, ROBERT L.
2323 COURTNEY DRIVE
JACKSONVILLE FL 32208**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE
TITLE **DC**
NAME **MITCHELL, ROBERT L.**
STREET ADDRESS **2323 COURTNEY DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

☐ DELETE
TITLE **D**
NAME **AIKENS, CHESTER A.**
STREET ADDRESS **305 E. UNION STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

☐ DELETE
TITLE **D**
NAME **SIMMONS, CHARLES E., JR**
STREET ADDRESS **1980 W EDGEWOOD AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

☐ DELETE
TITLE **S**
NAME **MCINTOSH, C.B.**
STREET ADDRESS **4063 RIBAUT RIVER LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

☐ DELETE
TITLE **D**
NAME **AUSTIN, RONALD R**
STREET ADDRESS **1400 PRUDENTIAL DRIVE SUITE 3**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

☐ DELETE
TITLE **D**
NAME **GIRARDEAU, ARNETT E**
STREET ADDRESS **4215 RIBAUT RIVER LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert L. Mitchell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 1, 1999 (904) 768-4835

Date

Daytime Phone #

CR2E037 (11/98)