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

PROFIT CORPORATION ANNUAL REPORT

1999



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOC	JMENT	# H	65438

Corporation Name

STILWELL ENTERPRISES, INC.

Principal Place	of Business	Mailing Addres	\$		r samidis milb micht mitte midan flicht	SELL BIRS GIGGS &	
2303 E. SILVER SPRINGS BLVD. OCALA FL 32670		OCALA FL 3447	107 NE 1ST AVE OCALA FL 34470		0.0.00		0.5
		US			DO NOT WRITE to Incorporated or Qualifed 1/09/1985	IN THIS SPA	ICE
2. Principal Pla	ce of Business	2a. Mailing Add	Iress	4. FE	Number		Applied For
21		26		59	-2548113	_	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt.	≠, etc.	5. Cer	tifcate of Status Desired	X) \$	8.75 Additional Fee Required
City & State		City & State	>	1	ction Campaign Financing st Fund Contribution		5.00 May Be Added to Fees
Zip	Country	Zip	Country	1	s corporation owes the current	t year Intangil	

STILWELL, JOHN S. 1260 N.E. 10TH STREET OCALA FL 32670

ĺ	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, typed or printed name of registered agent and title if applicable	(NOTE: D	gistered Agent signature required w	hen reinstating) DATE		
	OFFICERS AND DIRECTORS	(NOTE: Re	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
ITLE		DELETE	1.1 TITLE		☐ Change	Addition
AME	STILWELL, JOHN S.		1.2 NAME			
TREET ADDRESS	1260 NE 10TH ST.		1.3 STREET ADDRESS			
ITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP			
MLE	V	DELETE	2.1 TITLE		Change	Addition
IAME	STIŁWELL, SUSAN D.		2.2 NAME			
TREET ADDRESS	1260 NE 10TH ST.		2.3 STREET ADORESS			
ST-ZIP	OCALA FL		2. 4 CITY-ST-ZIP			
m.E		DELETE	3.1 TITLE		Change	☐ Addition
_			3.2 NAME			
== LADDRESS			3.3 STREET ADDRESS			
ST-ZIP			3.4. CITY-ST-ZIP			
		DELETE	4.1 TITLE		Change	Addition
_			4. 2 NAME			
: ADDRESS			4.3 STREET ADDRESS			
ST-ZIP			4.4 CITY-ST-ZIP			
		☐ DELETE	5.1 T/TLE	•	☐ Change	Addition
			5.2 NAME			
I ADDRESS			5.3 STREET ADDRESS			
ST-ZIP			5.4 CITY-ST-ZIP			
		☐ DELETE	6.1 TITLE		Change	Addition
_ }			6.2 NAME			
_ : ADORESS	,		6.3 STREET ADDRESS			
ST-ZIP	·		6.4 CITY-ST-ZIP			

.. 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 empewered to execute this report as required by Chapter 607. Florida Statutes: and that my fame appears in Block 12 or Block 13 if changed, or on an action with an address, with all other like empowered.

:ONATURE:

SIGNATURE AND TYPED OR PRINTED NAME OPISIGNING OFFICER OR DIRECTOR

John S. Stilwell

Daytime Phone #

CP2E034 /11/