Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90013 047 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000010267

1. Corporation Name

STINSON & WOODWORTH, INC.

Principal Place	e of Business	Mailing Address					1 19211901 110 10111 01				91111 1001 1001
38872 US 19 N		38872 US 19 N	A EL 84000								
TARPON SPRINGS FL 34689 US		TARPON SPRINGS FL 34689 US			1	DO NOT WRITE IN THIS SPACE					
US		00				3	B. Date Incorporated or	Qualifed			
						ļ	02/01/1994				{
2. Principal Pf	lace of Business	2a. Mailing Addr	ess			4	. FEI Number	-		A	oplied For
21	·	26				ļ	59-3223884			No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.	_		5	5. Certifcate of Status D	esired		T	Additional
22		27					3. Certificate of Glatias Estation		<u> </u>	<del></del>	equired
- City & State	e <del>gan</del> e Pari ante a tractico	City & State				- 6	3. Election Campaign Fi	_			May Be
23		28		Causta			Trust Fund Contribution				to Fees
Zip	Country	Zip	· [	Country	′	8	<ol><li>This corporation owes Personal Property Ta</li></ol>		ent year in	tangible Yes	□No
24	9. Name and Address of Currer	29	13	<u>.ol</u>		10	). Name and Address		egistered		
<del></del>	3. Name and Address of Currer	it Kegistered Ageix		81	Name		. ,,,				
STIN	ISON, DAVID				L						
	NEWBURY DRIVE			82	Street	t Address (	(P.O. Box Number is No	n Accepta	ible)		
NEW	PORT RICHEY FL 34652			83							
				· L	<u> </u>						
				84	City				FL	_  85  Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Flori	ida Statutes	, the abov	e-name	corporation	on submits this statemen	nt for the	purpose o	changing its	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such chan	ige was aut	norizea by	r the corp	ooration's t	board of directors. I here	eby accep	it the appo	intment as re	egistered
-	The tarrigian with, and accept the conge		0000, 1 10110								
SIGNATURE	Signature, typed or printed name of registered age	at and title if applicable	MIOTE. E						DATE		\
12.		in and the il applicable.	(NOTE: H	legistered Age	nt signature	required wher					
12.		ID DIRECTORS		13.	nt signature	required wher	ADDITIONS/CHANGE	S TO OF			
TITLE	OFFICERS AN	ID DIRECTORS	ELETE		nt signature	required when		S TO OF		ND DIRECTO	DRS IN 12
	OFFICERS AN DPS STINSON, DAVID	ID DIRECTORS		13.	nt signature	required when		S TO OF			
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6.4 CITY-ST-ZIP

SIGNATURE:

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 impowered 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, with all other like empowered.