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 # P9700063080 1. Corporation Name

THE GENERAL STORK, INC.

Principal Place of Business

Mailing Address

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

03-01-1999 90058 001 ***150.00



15 Wisper f Tz fl. 33549		1215 WISPER RUN COURT LUTZ FL 33549								
						DO NOT WRI	TE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 07/21/1997				
Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	
2164 TARPON LANDINGS DRIVE 26 2164 TARPON LANDINGS DRIVE					DRIVE	59-3465716	•		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State					FL	6. Election Campaign Financing Trust Fund Contribution			May Be	
Zip 3468	Country	Zip	Cou	ntry		This corporation owes the curr Personal Property Tax.	ent year Int	angible	⊠No	
2100	9. Name and Address of Current					10. Name and Address of New F	egistered .	Agent		
	3. 100//0 21/2 / (00//05/05/05/05/05/05/05/05/05/05/05/05/			81	Name					
	ROD, MATTHEW D 2 MASSACHUSETTS AVENUE	82 Str			Street Add	lress (P.O. Box Number is Not Accepta	ible)			
NEW PORT RICHEY FL 34653				83						
			į	84	City		FL	85 Zi	Code	
Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida Statutes	s, the al	oove	e-named cor	poration submits this statement for the	purpose of	changing	ts registered	
office or r	egistered agent, or both, in the State of mailing familiar with, and accept the obligation	Florida, Such change was auf	thorized	by I	the corporat	ion's board of directors. I hereby accep	t the appoir	ntment as	registered	
agent. i a	m ramiliar with, and accept the obligation	ons of, Section 607.0303, Flori	ua Statt	JIGS.	•					
::::::UCC	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: 6	Registered	Agent	t signature reduit	ed when reinstating)	DATE			
	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12	
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}	ELLROD, LOUISE	/-	1.2 NA				,		_	
(1215 WISPER RUN COURT				**************************************					
_ I ADDRESS					ADDRESS					
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-	D KAMARWASE MARW	☐ DELETE	2.1 TIT		1	•		☐ Chang		
	KANARVOGEL, MARY	•	2.2 NA			•		_		
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ST-ZIP	TARPON SPRINGS FL 34689		2.4 C		T-ZIP				T A delilion	
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[6.2 NA							
r ADDRESS			6.3 ST		ADDRESS		-			

I hereby certify that the information supplied with this filling 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 effect 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 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.