FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

761954

(7)

OLD STANTON, INC.

FILED Jun 30 1997 8:00am Secretary of State



| Principal Place of Business 232 COURTNEY DRIVE JACKSONVILLE FL 33208 23. Date inporporated or Qualified Jab. Date of Last Report O4/25/1986 2. Principal Place of Business 2a. Mairing Address 2b. Mairing Address 2c. Mairing Address 2c | For olicable onal of Be |
|--|-------------------------|
| JACKSONVILLE FL 32208-3085 3. Date incorporated or Qualified O2/12/1982 | For olicable onal of Be |
| 2. Principal Place of Business 2. Mailing Address 3. FEI Number 59-230026 3. Not Applied 59-230026 3. Suite, Apt. W. etc. 3. Suite, Apt. W. etc. 3. Certificate of Status Desired 59-230026 3. Fee Require Fee Require 6. Election Campaign Financing 55.00 May Added to Fee Require 7 Trust Fund Contribution 7 Added to Fee Require 7 Trust Fund Contribution 7 Added to Fee Require 8 Trust Fund Contribution 8 Added to Fee Require 9 Added to F | For olicable onal of Be |
| 21 26 Suite, Apt. #, etc. Suite Address of Status Desired Agent and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Suite Address (P.O. Box Number is Not Acceptable) Suite Address (P.O. Box Number is Not Acce | onal d Be |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Statutes B. This corporation has liability for intangible tax under s. 199 Florida Statutes Florida Statutes No Name and Address of Current Registered Agent MITCHELL, ROBERT L. 2323 COURTNEY DRIVE JACKSONVILLE FL 32208 83 Street Address (P.O. Box Number is Not Acceptable) 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 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, the analysis of printed statutes. Signature Signature, typed or printed name of registered agent and title if applicable. NAME MITCHELL, ROBERT L. 231 Corporation has liability for intangible tax under s. 199 Florida Statutes Signature interest and a statutes in the statutes in the state of Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. NAME MITCHELL, ROBERT L. Signature, typed or printed name of registered agent and title if applicable. NAME MITCHELL, ROBERT L. Signature, typed or printed name of registered agent and title if applicable. NAME MITCHELL, ROBERT L. Signature, typed or printed name of registered agent and title if applicable. NAME NAME Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. NAME NAME Signature required when reinstaling) DATE Change Cha | d Be |
| City & State City & State City & State City & State City & State City & State City & State City & State Country Count | es . |
| Zip Country Zip Country Zip Country Sip Street Agent Statutes Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ### City FL 85 Zip Code Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) #### City FL 85 Zip Code Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ################################### | 032. |
| 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 recoffice 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 registagent. 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 reinstaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTILE MAME MITCHELL, ROBERT L. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTILE Change Change | 1 |
| MITCHELL, ROBERT L. 2323 COURTNEY DRIVE JACKSONVILLE FL 32208 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 recoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE MAKE MITCHELL, ROBERT L. 12. NAME | |
| MTCHELL, ROBERT L. 2323 COURTNEY DRIVE JACKSONVILLE FL 32208 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its recoffice 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, 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE MITCHELL, ROBERT L. 1.2 NAME | |
| 2323 COURTNEY DRIVE JACKSONVILLE FL 32208 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 recoffice 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 registagent. 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 reinstelling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE MITCHELL, ROBERT L. 12. NAME OC | |
| 2323 COURTNEY DRIVE JACKSONVILLE FL 32208 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 recoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registagent. Lam 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 reinstelling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE MAKE MITCHELL, ROBERT L. 12. NAME | |
| 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 recoffice 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 registagent. 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 reinstelling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME MITCHELL, ROBERT L. 1.2 NAME | |
| 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 recoffice 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 registarent for the purpose of changing its recoffice or registered agent, and 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE WAME MITCHELL, ROBERT L. 1.1 NAME | |
| 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 recoffice 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 registarent for the purpose of changing its recoffice or registered agent, and 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE WAME MITCHELL, ROBERT L. 1.1 NAME | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE DC DELETE 1.1 TITLE NAME MITCHELL, ROBERT L. 1.2 NAME | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE DC DELETE 1.1 TITLE NAME MITCHELL, ROBERT L. 1.2 NAME | stered |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE DC DELETE 1.1 TITLE NAME MITCHELL, ROBERT L. 1.2 NAME | eled |
| TITLE DC DELETE 1.1 TITLE Change NAME MITCHELL, ROBERT L. 1.2 NAME | |
| NAME MITCHELL, ROBERT L. 1.2 NAME | |
| | Addition 3 |
| STREET ADDRESS 2323 COURTNEY DRIVE | |
| | Į: |
| CITY-ST-ZIP JACKSONVILLE FL 1.4 CITY-ST-ZIP | |
| | Addition |
| NAME AIKENS, CHESTER A. 2.2 NAME | - ! |
| STREET ADDRESS 305 E. UNION STREET 2.3 STREET ADDRESS | |
| CITY-ST-ZIP JACKSONVILLE FL 32202 2.4 CITY-ST-ZIP | |
| | Addition |
| NAME SIMMONS, CHARLES E., JR 32 NAME | 1 |
| STREET ADDRESS 1980 W EDGEWOOD AVENUE 3.3 STREET ADDRESS 3.3 STREET ADDRESS | |
| CITY-ST-ZIP JACKSONVILLE FL 3.4. CITY-ST-ZIP | Addition |
| | Addition |
| NAME . MCINTOSH, C.B. 4.2 NAME | |
| STREET ADDRESS 4083 RIBAULT RIVER LANE 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Addition |
| ATTAMAN MANTAL B. M. | Addition |
| And the second of the second o | |
| IANAAR III E EI AAAA | |
| | Addition |
| AND A PROMOTE A LA A PARTICIPATOR OF | ridoriion |
| AAP MINISTER PROPERTY AND ASSETS AND ASSETT AND ASSETS AND ASSETT ASSETS AND ASSETS AND ASSETT AND ASSETT ASSETT ASSETT ASSETT ASSETT ASSETT ASSETT ASSETT ASSETT | |
| LIGHTON HILL F. FL. AARDA | |
| CITY-ST-ZIP JALKSUNVILLE PL 32208 6.4 CITY-ST-ZIP 14. I do 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 | |

oo nereby certify that the information supplied with this thing does not quality 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.