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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 265796 (3)

1. Corporation Name  
STARK COMMUNICATIONS, INC.

Principal Place of Business  
212 SW 3RD AVE  
GAINESVILLE FL 32601-6510  
US

Mailing Address  
P. O. BOX 448  
GAINESVILLE FL 32602-0448  
US



3. Date Incorporated or Qualified 01/02/1963  
3a. Date of Last Report 04/14/1996  
4. FEI Number 59-0998822  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, RAY F  
212 S.W. 3RD AVENUE  
GAINESVILLE FL 32602

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

*Ray F. McDonald*  
(Signature, typed name, and title of registered agent and title, if applicable)

RAY F. McDONALD  
(NOTE: Registered Agent signature required when reinstating)

4/1/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE  
NAME JOHNSON, EDGAR LEO  
STREET ADDRESS 5001 S.E. 18TH STREET  
CITY-ST-ZIP OCALA, FL 00000

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

TITLE VD ☒ DELETE  
NAME STARK, PAUL C.  
STREET ADDRESS 212 SW 3RD AVE  
CITY-ST-ZIP GAINESVILLE, FL 00000

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

TITLE PD ☐ DELETE  
NAME MCDONALD, RAY F.  
STREET ADDRESS 212 SW 3RD AVE  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE TD ☐ DELETE  
NAME MCDONALD, MARCIE L  
STREET ADDRESS 212 3RD AVE  
CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VD  
4.3 STREET ADDRESS MCDONALD, MARCIE L.  
4.4 CITY-ST-ZIP 8025 N.E. 96th AVE.  
GAINESVILLE, FL. 32609

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ray F. McDonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY F. McDONALD 4/1/97 352-372-4141  
Date Daytime Phone #

CR2E034 (9/96)