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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 265796

(3)

STARK COMMUNICATIONS, INC.

Principal Place of Business

5

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



212 SW 3RD AVE P. O. BOX 448 GAINESVILLE FL 32601-6518 GAINESVILLE FL 32602 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1963 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 8025 N.E. 962 26 59-0998822 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 GA INESVI / E Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 30 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCDONALD, RAY F 212 S.W. 3RD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32602 63 City 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 types or preced name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TITLE JOHNSON, EDGAR LEO NAME 1.2 NAME **50**01 S.E. 18TH STREET STREET ADDRESS 1.3 STREET ADDRESS OCALA, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE PD DELETE Change ☐ Addition 2.1 TITLE **MCDONALD, RAY F.** NAME 2.2 NAME 212 SW 3RD AVE STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE Addition 3.1 TITLE MCDONALD, MARCIE L NAME 3.2 NAME 8025 NE 96 AVE STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DECETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 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.