

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 378966 (6)**

1. Corporation Name

**STINSON AND PARTNERS, INC.**

Principal Place of Business

**7833 BAYMEADOWS WAY STE 9  
JACKSONVILLE FL 32256**

Mailing Address

**7833 BAYMEADOWS WAY STE 9  
JACKSONVILLE FL 32256**



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**03/18/1971**

3a. Date of Last Report

**04/25/1995**

4. FEI Number

**59-1318899**

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

9. Name and Address of Current Registered Agent

**STINSON, PATRICK E  
18 HOPSON RD.  
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

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

Signature typed or printed below of the registered agent and the corporation.

(If ONE Registered Agent's signature is required after re-registration.)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**STD  
STINSON, LINDA K  
18 HOPSON RD.  
JACKSONVILLE BEACH FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PD  
STINSON, E PATRICK  
18 HOPSON RD.  
JACKSONVILLE BEACH FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Linda K. Stinson*

LINDA K. STINSON S/T/D

*June 11, 1996*

*904-737-5070*

CR2E034 (3/96)