Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

2. Principal Place of Business

City & State



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State RATIONS

1999		DIVISION OF CORPO	
DOCUMENT #	475444		

R. B. STOTZ, P. E. INCORPORATED

433 HARRISON AVE.

Principal Place of Business	Mailing Address	
742 THIRD STREET CHIPLEY FL 32428 US	742 THIRD STREET CHIPLEY FL 32428 US	

26

27

2a. Mailing Address

City & State

Suite, Apt. #, etc.

## **FILED** Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90001 010 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

X

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

05/08/1975

59-1593341

4. FEI Number

23 PANA	MA CITY FLORIDA.	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23 / A-N /	Country	Zip	Count		This corporation owes the current year Intangible	
24 324		29	30	,	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	T	,	10. Name and Address of New Registered Agent	
			8	1 Name		
STOTZ, ROBERT, B 742 THIRD STREET 32428EY FL 32413		8	2 Stroot Addr	ress (P.O. Box Number is Not Acceptable)		
		l"	82 Street Address (P.O. Box Number is Not Acceptable)			
		8	3			
			8	4 City	■ 85 Zip Code	
				'	FL ~	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such chaпge was a	uthorized b	y the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE		NOTE:			ed when reinstating) DATE	
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change Addit	
NAME	STOTZ,R. B.		1.2 NAME			
STREET ADDRESS	742 THIRD STREET		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL		1.4 CfTY-	-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	:	Change Addit	
NAME	STOTZ,LUTA M.		2.2 NAMI			
STREET ADDRESS	742 THIRD STREET		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL		2.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addit	
NAME			3.2 NAM			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			34. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addit	
NAME			4. 2 NAM	E		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		□ DELETE	4.4 CITY		Change Addit	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	4	☐ Change ☐ Addit	
NAME			- I	ET ADDRESS		
STREET ADDRESS			5.4 CITY	ì		
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE		☐ Change ☐ Addit	
			6.2 NAM	=		
NAME				ET ADDRESS		
STREET ADDRESS			6.3 STY	1		
CITY-ST-ZIP	actify that the information currelled with	this filing does not qualify for			Section 119.07(3)(i), Florida Statutes. I further certify that the information	

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, with all other like empowered.

SIGNATURE: