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PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 24 1997 8:00am
Secretary of State

DOCUMENT # 517901 (5)

1. Corporation Name

STOLL & CLEMENS INSTALLATIONS, INC.

Principal Place of Business

8955 A.D. MIMS RD.
ORLANDO FL 32818-8604
US

Mailing Address

8955 A.D. MIMS RD.
ORLANDO FL 32818-8604
US

3. Date Incorporated or Qualified

11/04/1976

3a. Date of Last Report

01/30/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

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

STOLL, CHARLES F.
3930 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETENAME
STOLL, CHARLES F.
STREET ADDRESS
8955 A.D. MIMS RD.
CITY - ST - ZIP
ORLANDO FL1.2 TITLE ☐ DELETENAME
STOLL, LINDA E.
STREET ADDRESS
8955 A.D. MIMS RD.
CITY - ST - ZIP
ORLANDO FL1.3 TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP1.4 TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP1.5 TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP1.6 TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

Charles F. Stoll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles F. Stoll

2/14/97

(407) 293-8694

CR2E034 (9/96)