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Jan 27 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 # 644390 (7)

1. Corporation Name
STANTONS, INC.

Principal Place of Business
**1103 FLORIDA AVENUE
SUITE #1
PALM HARBOR FL 34683
US**

Mailing Address
**P.O. BOX 106
PALM HARBOR FL 34682-0106
US**



3. Date Incorporated or Qualified **11/07/1979** 3a. Date of Last Report **10/24/1996**

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

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25

29

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4. FEI Number
59-1952474

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

10. Name and Address of New Registered Agent

**STANTON, BONNIE JOY
3211 LEPRECHAUN LANE
PALM HARBOR FL 34683**

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 assuming with and accepting obligation for. Section 607.0505, Florida Statutes

SIGNATURE *Bonnie Joy Stanton*
Signature typed or printed (Signature agent and title if applicable)

Bonnie Joy Stanton
(NOTE: Registered Agent signature required when reinstating)

1'17'97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE
NAME **LLOYD, TABB**
STREET ADDRESS **3055 OAK CREEK DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **STD** ☐ DELETE
NAME **STANTON, SHANNON J**
STREET ADDRESS **9065 WEEPING WILLOW ST.**
CITY-ST-ZIP **BROOKSVILLE FL**

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

TITLE **PD** ☐ DELETE
NAME **STANTON, BONNIE JOY**
STREET ADDRESS **3211 LEPRECHAUN LANE**
CITY-ST-ZIP **PALM HARBOR FL**

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

TITLE **D** ☐ DELETE
NAME **STANTON, SHAWN R**
STREET ADDRESS **~~P.O. BOX 4173 HAGAN ROAD~~**
CITY-ST-ZIP **~~POLK CITY FL~~**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**3211 Leprechaun LN
Palm Harbor, FL 34683**

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: *Bonnie Joy Stanton*
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Joy Stanton P

1'17'97

Date

Daytime Phone #

CR2E034 (9/96)