

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 PM 4:12

DOCUMENT # 668865

(9)

1. Corporation Name

B & S STALLS INC.

Principal Place of Business

Mailing Address

**296 LAKE PEARL DRIVE
POST OFFICE BOX 2296
LAKE PLACID FL 33852**

**296 LAKE PEARL DRIVE
POST OFFICE BOX 2296
LAKE PLACID FL 33852**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1980

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1989061

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

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STALLS, S.H.
296 LAKE PEARL DRIVE
LAKE PLACID FL 33852**

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 Florida address)

(Signature, typed or printed name of registered agent and Florida address)

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

STALLS, S.H.

STREET ADDRESS

296 LAKE PEARL DR

CITY, ST, ZIP

LAKE PLACID FL

TITLE

D

NAME

STALLS, ELIZABETH C.

STREET ADDRESS

296 LAKE PEARL DR

CITY, ST, ZIP

LAKE PLACID FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, 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 and appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

S.H. Stalls

S.H. STALLS

7-1795

813-465-7280

(Signature and typed or printed name of signing officer or director)