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

APPROVED AND FILED

95 APR 18 PM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **670019** **(9)**

1. Corporation Name

STOUT & GERALD, INC.

Principal Place of Business	Mailing Address
909 SE 47TH TERR STE 203 & 204 CAPE CORAL FL 33904 US	909 SE 47TH TERR STE 203 & 204 CAPE CORAL FL 33904 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 909 S.E. 47th Terr.	26 909 S.E. 47th Terr.
Suite, Apt. #, etc. 22 Suite 204	Suite, Apt. #, etc. 27 Suite 204
City & State 23 Cape Coral, FL	City & State 28 Cape Coral, FL
Zip 24 33904 Country 25 USA	Zip 29 33904 Country 30 USA

4. FEI Number: 59-1999976 ☐ 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
GERALD, JOHN H 909 S.E. 47TH TERRACE SUITE 203 & 204 CAPE CORAL FL 33904	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	☒ Change ☐ Addition
NAME	GERALD, JOHN H.	1.2 NAME	P,V,VP,3,T
STREET ADDRESS	909 SE 47TH TERR., STE 203 & 204	1.3 STREET ADDRESS	Gerald, John H. Cape Coral,
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	909 SE 47th Terr., Suite 204, Florida
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	CONLYN, ANDREW C JR	2.2 NAME	This officer deleted
STREET ADDRESS	909 SE 47TH TERR., STE 203 & 204	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: John H. Gerald 4/14/95 813-542-6211
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

030404 CP