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Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90009 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F65653

1. Corporation Name  
R. J. STUCKEY, JR., INC.

Principal Place of Business

7040 N. CENTURY BLVD.  
CENTURY FL 32535  
US

Mailing Address

C/O MARGARET W STUCKEY  
PO BOX 206  
CENTURY FL 32535  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1982

4. FEI Number

59-2183955

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUCKEY (MARGARET W.)  
7040 NORTH CENTUR BLVD.  
CENTURY FL 32535

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	
NAME	STUCKEY, MARGARET W	1.2 NAME	
STREET ADDRESS	7040 N. CENTURY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CENTURY, FL 00000	1.4 CITY-ST-ZIP	ADD ZIP 32535
TITLE	T	2.1 TITLE	
NAME	STUCKEY, R J JR	2.2 NAME	
STREET ADDRESS	7040 N. CENTURY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CENTURY, FL 00000	2.4 CITY-ST-ZIP	ADD ZIP 32535
TITLE	P	3.1 TITLE	
NAME	MCCANN, WM A JR	3.2 NAME	
STREET ADDRESS	7040 N. CENTURY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CENTURY FL	3.4 CITY-ST-ZIP	ADD ZIP 32535
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *William A. McCann, Jr. Pres*

1-19-99 850-256-3423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)