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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005469 1. Corporation Name

ROBERT P. STOUT, INC.

Principal Place of Business

Mailing Address

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90032 044 ***150.00



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57Q COMMONWEALTH PLACE SARASOTA FL 34242		570 COMMONWEALTH PLACE SARASOTA FL 34242			DO NOT W	RITE IN THIS SI	PACE	
								
					3. Date Incorporated or Qualife 11/06/1995	a 		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Apı	plied For
- 7 `		26			13-2719679		No	t Applicable
21	#	Suite, Apt. #, etc.				, 	\$8.75 A	Additional
Suite, Apt.	#, etc.	27			5. Certifcate of Status Desired		Fee Re	quired
22	<u> </u>	City & State			6. Election Campaign Financin	n · ·	\$5.00	May Re
City & State	ie .	⊢ ′			Trust Fund Contribution	a 🗆	Added to	, ,
23]		28	Count		8. This corporation owes the co	erront vener Intan		
Zip	Country.	Zip	_	ıy	Personal Property Tax.	лген уваг пцан Г	Yes	□No
24	25		30		10. Name and Address of Nev			
	9. Name and Address of Curren	t Registered Agent		1 Name	10. Name allo Address of Nev	r registered Ag	,	
	Part Barret	28,75 MWWW	°	Name	the state of the s	·		
STOUT, ROBERT P		8		82 Street Address (P.O. Box Number is Not Acceptable)				
	COMMONWEALTH PLACE		1		as i i i i i i i i i i i i i i i i i i i		11 (1. 2.1/1	Maria de la Companya
SAR	ASOTA FL 34242		8	3	· · · · · · · · · · · · · · · · · · ·		生觀點	
			-	4 City	1	147,3 43,773,27 (F SQ.	85 Zip (Code
				1	-	FI		
11 Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statute	s, the abo	ve-named cor	poration submits this statement for t	ne purpose of ch	anging its	registered
office or r agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized bida Statut	by the corporates.	tion's board of directors. I hereby act	sapt the appoint	nent as re	gistered
SIGNATURE						DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F					and when reinetation)			
				gent signature requir	red when reinstating) ADDITIONS/CHANGES TO 0		DIRECTO	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTO	DRS IN 12
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS