

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G40924** (4)

1. Corporation Name

STANFORD MARKETING, INC.



Principal Place of Business

**7257 BEE RIDGE RD
SARASOTA FL 34241-2951**

Mailing Address

**7257 BEE RIDGE RD
SARASOTA FL 34241-2951**

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

**ZIMNY, ROBERT S.
4665 ALEXANDER POPE LANE
SARASOTA FL 34241**

3. Date Incorporated or Qualified
05/25/1983

3a. Date of Last Report
02/07/1995

4. FEI Number
59-2402270

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1506, 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 of Registered Agent (if registered agent is not the same as the officer or director)

SIGNATURE

Signature of Agent for Service of Process (if different from above)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ZIMNY, ROBERT S.**
STREET ADDRESS **4665 ALEXANDER POPE LANE**
CITY-STATE-ZIP **SARASOTA FL**

☐ DELETE

TITLE **VST**
NAME **ZIMNY, CAROLYN S.**
STREET ADDRESS **4665 ALEXANDER POPE LANE**
CITY-STATE-ZIP **SARASOTA FL**

☐ DELETE

TITLE **D**
NAME **ZIMNY, CAROLYN S.**
STREET ADDRESS **4665 ALEXANDER POPE LANE**
CITY-STATE-ZIP **SARASOTA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
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STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn S. Zimny

3/1/96 941-378-4861

Do Not Print Here