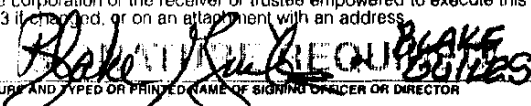


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G57531 (7)					
1. Corporation Name STOCKDALE TECHNOLOGIES, INC.					
Principal Place of Business 114 NORTH POPLAR AVE. SANFORD FL 32771			Mailing Address 114 NORTH POPLAR AVE. SANFORD FL 32771-1043		
2. Principal Place of Business 21 Suite Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/30/1983 3a. Date of Last Report 03/05/1996 4. FEI Number 59-2314437 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 GUILES, BLAKE HUNTER 408 SOFT SHADOW LANE DEBARY FL 32713				10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	GUILES, BLAKE H.		1.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS	408 SOFT SHADOW LANE		1.2 NAME		
CITY-ST-ZIP	DEBARY FL		1.3 STREET ADDRESS		
TITLE	ST	☒ DELETE	1.4 CITY-ST-ZIP		
NAME	GUILES, CYNTHIA M.		2.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS	408 SOFT SHADOW LANE		2.2 NAME		
CITY-ST-ZIP	DEBARY FL		2.3 STREET ADDRESS		
TITLE		☐ DELETE	2.4 CITY-ST-ZIP		
NAME			3.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		☐ DELETE	3.4 CITY-ST-ZIP		
NAME			4.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		☐ DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
14. I do 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.					
SIGNATURE:  SIGNATURE REQUIRED					

CR2E034 (9/96)