

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G72531 (8)**  
1. Corporation Name  
**STORM & COMPANY, INC.**



Principal Place of Business: **264 ROCK HILLCOURT MARCO ISLAND FL 33937-0630**  
Mailing Address: **264 ROCK HILLCOURT MARCO ISLAND FL 33937-0630**

3. Date Incorporated or Qualified: **12/01/1983** 3a. Date of Last Report: **06/13/1995**  
4. FLI Number: **59-2358770** 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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country:

9. Name and Address of Current Registered Agent  
**BAZALO, MICHAEL, P.A.  
838 ANCHOR RODE DRIVE  
SUITE 200  
NAPLES FL 33940**

10. Name and Address of New Registered Agent  
81 Name: **JAMIE B. GREUSE**  
82 Street Address (P.O. Box Number is Not Acceptable): **1104 N. COLLIER BLVD**  
83 **CHAMBER OF COMMERCE PLAZA**  
84 City: **MARCO ISLAND FL** 85 Zip: **33937**

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]*  
Signature typed or printed name of current registered agent and his or her block: **JAMIE B. GREUSE**

(NOTE: Registered Agent signature required with this filing.)  
**1/16/96**

12. OFFICERS AND DIRECTORS  
TITLE: **PST**  DELETE  
NAME: **STORM, RICHARD, JR.**  
STREET ADDRESS: **264 RICKHILL CT**  
CITY - ST - ZIP: **MARCO ISLAND FL**  
TITLE: **V**  DELETE  
NAME: **STORM, KATHLEEN**  
STREET ADDRESS: **264 ROCK HILL CT**  
CITY - ST - ZIP: **MARCO ISLAND FL**  
TITLE:  DELETE  
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
TITLE:  DELETE  
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
TITLE:  DELETE  
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
TITLE:  DELETE  
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME:   
1.3 STREET ADDRESS:   
1.4 CITY - ST - ZIP:   
2.1 TITLE:  Change  Addition  
2.2 NAME:   
2.3 STREET ADDRESS:   
2.4 CITY - ST - ZIP:   
3.1 TITLE:  Change  Addition  
3.2 NAME:   
3.3 STREET ADDRESS:   
3.4 CITY - ST - ZIP:   
4.1 TITLE:  Change  Addition  
4.2 NAME:   
4.3 STREET ADDRESS:   
4.4 CITY - ST - ZIP:   
5.1 TITLE:  Change  Addition  
5.2 NAME:   
5.3 STREET ADDRESS:   
5.4 CITY - ST - ZIP:   
6.1 TITLE:  Change  Addition  
6.2 NAME:   
6.3 STREET ADDRESS:   
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)(k), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/96 941-642-6006**

CR2E034 (12/95)