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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G86878

1. Corporation Name

RICK STUCKER & ASSOCIATES, INC.

FILED
Apr 14, 1999 8:00 am
Secretary of State
0 1 1 1 1000 000 11 005 4441 50 00

04-14-1999 90041 035 ***150.00



Original Disease	of D. pinger	Mailing Address						#1411 #1E11 1EE1	
Principal Place		•							
COO DYPAGE DE	51 SOUTH ORIVE	PO BOX 8313 CLEARWATER FL 34618							
	1 000 33755	US			DO NOT WRITE IN THIS SPACE				
US	20105	•			3. Date incorporated or Qualifed				ĺ
	·				02/29/1984				ĺ
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	l
	South Drive	26			59-2991333		N	ot Applicable	1
Suite, Apt.:		Suite, Apt. #, etc.					\$8.75	Additional	
22		27		5. Certificate of Status Desired] ~~~ ;	, Fee,R	equired .	i	
City & State	e	City & State		6. Election Campaign Financing	_	\$5.00	May Be	Į	
·	rwater,Fl	28		Trust Fund Contribution			to Fees		
Zip	Country	Zip Country		8. This corporation owes the current	year Intar	ngible		ĺ	
3375	_ ′	29 33758-831330	-		Personal Property Tax.		☐Yes	₽No	
24 00.0	9. Name and Address of Current				10. Name and Address of New Reg	istered A	gent		
		81	Name					ĺ	
STUC	CKER, RICK		 		ID D. D				1
	SOUTH DRIVE		82	Street Addre	ess (P.O. Box Number is Not Acceptable	?)			İ
	ARWATER FL 34615		83	-	••				1
									1
			84	City		FL	85 Zip	Code	
		+ COZ 4500 Flade Statutes th	n abau	a named corne	pration submits this statement for the pu		hanging its	s registered	ĺ
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was author	ızea bv	the corporatio	n's board of directors. I hereby accept the	ne appoint	ment as re	egistered	
SIGNATURE		4.075 B		nt signature required	I	DATE			_ ا
40	Signature, typed or printed name of registered agent a OFFICERS AND		13.	nt signature required	ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12	0,4
12.	PD		1.1 TITLE		ADDITIONO/GUARIGEO TO GUAR	<u> </u>	Change	Addition	1
TITLE	STUCKER, RICK		1.2 NAME						1
NAME .				T + DODGES					200
STREET ADDRESS	1551 SOUTH DRIVE			TADDRESS					5
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-S	61-ZIP			Change	Addition	5
TITLE	ST MADEN	_	2.1 TITLE	l					l
NAME	STUCKER, KAREN		2.2 NAME						
STREET ADDRESS	1551 SOUTH DRIVE		2.3 STREE	TADDRESS					
CITY-ST-ZIP	CLEARWATER:FL		2. 4 CITY-5	ST-ZIP	<u> </u>		Change	Addition	1 -
TITLE		☐ DELETE	3.1 TITLE				☐ Change	L. Audinori	
NAME	• ,		3.2 NAME					•	
STREET ADDRESS	•		3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	- 1000				-
TITLE	} }	☐ DELETE	4.1 TITLE	}			Change	☐ Addition	1
NAME	. ·		4. 2 NAME				•		
STREET ADDRESS	*	4	4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP	<u> </u>				1
TITLE	-	☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME		•				
STREET ADDRESS		!	5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	$\overline{}$	1 Jan 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	Addition)
NAME			6.2 NAME						
	Sec	I.	6.3 STREE	T ADDRESS					
STREET ADDRESS	The state of the s	**	6.4 C/TY-S						
CITY-ST-ZIP		,	V-7 V#1 7 °C	/· ***					_

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.