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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H00088

Block 12 or Block 13 if changed, or on an attachin

(5)

JOE STANSELL & ASSOCIATES, INCORPORATED

Principal Place of Business Mailing Address 76 HARMONY HALL ROAD 76 HARMONY HALL ROAD **DOCTORS INLET FL 32068** DOCTORS INLET FL 32068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1984 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2402943 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 26 Żφ Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STANSELL, JOE W. 76 HARMONY HALL ROAD Street Address (P.O. Box Number is Not Acceptable) DOCTORS INLET FL 32068 83 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** Signature, typed or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change \_\_ Addition DELETE 1.1 TITLE TITLE STANSELL, W. JOE 1.2 NAME NAME **76 HARMONY HALL ROAD** 1.3 STREET ADDRESS STREET ADDRESS **DOCTORS INLET FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE vst 2.1 TITLE TITLE STANSELL, GERALDINE R. 2.2 NAME NAME **76 HARMONY HALL ROAD** STREET ADDRESS 2.3 STREET ADDRESS **DOCTORS INLET FL** 2. 4 CITY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE **S**TANSELL, GERALDINE R. 3.2 NAME **76 HARMONY HALL ROAD** 3.3 STREET ADDRESS STREET ADDRESS DOCTORS INLET FL 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THTLE TITLE 5.2 NAM6 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 C(TY - ST - Z)P CITY-ST-ZIP

**FILED** May 05 1998 8:00am Secretary of State



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