

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 # **H85915** (7)

1. Corporation Name

**STINE REALTY, INC.**

Principal Place of Business

**3312 W UNIVERSITY AVE  
GAINESVILLE FL 32607**

Mailing Address

**3312 W UNIVERSITY AVE  
GAINESVILLE FL 32607**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**STINE, ALLEN E.  
3312 WEST UNIVERSITY AVE.  
GAINESVILLE FL 32607**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

3. Date Incorporated or Qualified

**11/15/1985**

3a. Date of Last Report

**06/09/1995**

4. FFL Number

**59-2600380**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

SIGNATURE

Signature typed or printed name of registered agent and that agent's title

(NOTE: Registered Agent sign this block only when changing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**PST  
STINE, ALLEN E.  
3312 W. UNIVERSITY AVE.  
GAINESVILLE FL**

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

**V  
STINE, ALLEN E.  
3312 W. UNIVERSITY AVE.  
GAINESVILLE FL**

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

☐ Change ☐ Addition

2. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

☐ Change ☐ Addition

3. TITLE

3. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

☐ Change ☐ Addition

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY- ST- ZIP

☐ Change ☐ Addition

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY- ST- ZIP

☐ Change ☐ Addition

6. TITLE

6. NAME

6. STREET ADDRESS

6. 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

352 371-6008

CR2E034 (12/95)