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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H95811

(6)

MICHAEL J. STOVER, INC.

FILED
Mar 05 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address										
7133 123RD CIRCLE N LARGO FL 34643			7133 123RD CIRCLE N LARGO FL 34643							
							DO NOT WRITE IN TI	DO NOT WRITE IN THIS SPACE		
							<ol><li>Date Incorporated or Qualified</li></ol>	1		
							01/24/1986			
2. Principal Place of Business			2a	2a. Mailing Address			4. FEI Number	T	Applied For	
21	_		26				59-2627489	Γ	Not Applicable	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional	
22				27				Fee Required		
23	City & State			City & State			6. Election Campaign Financing Trust Fund Contribution			
24	Zip	Country 25	29	Zıp	Coun 30	try	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current ye		
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
STOVER, MICHAEL J.					6	31	Name			
					[4	32	Street Address (P.O. Box Number is Not Acceptable)			
				Ĩ	3					
					16	14	City	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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PTD DELETE 1.1 TITLE Change Addition TITLE STOVER, MICHAEL J. 1.2 NAME NAME 2175 CHAPARRAL WAY 1.3 STREET ADDRESS STREET ADDRESS **DUNEDIN FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET AODRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Michael & Staver MICHAN

STOVER

2/27/98 813

813-535-4611