

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 SEP -8 AM 8:28

DOCUMENT # J07279 (9)

1. Corporation Name
STAHLE ANN, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 95 BEACH ST PONCE INLET FL 32127	Mailing Address 95 BEACH ST PONCE INLET FL 32127
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/02/1986	3a. Date of Last Report 08/06/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2669606	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HEEBNER, PETER B.
 523 N. HALIFAX AVENUE
 DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, DIXON P.	1.2 NAME	800002289878-3
STREET ADDRESS	95 BEACH ST.	1.3 STREET ADDRESS	-09/10/97--01118--004
CITY-ST-ZIP	PONCE INLET FL	1.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, BARBARA STAHLE	2.2 NAME	
STREET ADDRESS	95 BEACH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INTELET FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Dixon P. Harper* **DIXON P. HARPER** 9-19-97 (904) 351-1255

CR2E034 (4/97)

Aug 17, 1997

Dear Sir,

I am hoping that if you were made aware of the circumstances surrounding my situation, perhaps you would waive the penalty to renew my corporation.

I am a commercial fisherman and spend most of my time at sea on ten day fishing trips. My wife handled my business for the last 13 years.

I was divorced in mid 1996. I lived in motels and on my boat for several months until March of this year while my ex-wife lived here at my home & got my mail. My mail was scattered & many bills & requests went unanswered during this period of time because my ex-wife didn't give me most of my mail & she was totally irresponsible.

I did not get the notification to renew my corporation.

I now have my home and mailbox back & I am in the process of trying to put things back together.

This was an oversight due to extreme at time dignor circumstances. Please consider this matter and thank you for your time.

Dick L. Horan