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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **J50771**

(1)

STANLEY & LIVINGSTON OUTFITTERS, INC.

Principal Place 2340 PERIWINI SANIBEL FL 33		Mailing Address 2340 PERIWINKLE WAY SANIBEL FL 33957-3221	2340 PERIWINKLE WAY					
					3. Date Incorporated or Qualified 01/08/1987	3a, Date o		port
	lace of Business	2a. Mailing Address			4, FEI Number			plied For
21		26			65-0052386			t Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ ³	Fee Re	Additional equired
City & Sta	te	City & State			6. Election Campaign Financing		\$5.00	
23 Ζφ	Country	Z _{ID}	Countr		Trust Fund Contribution		Added t	
24	25	29	30	,	8. This corporation has liability for Florida Statutes	intangipie tax		199.032,
	9. Name and Address of Curr		1001		10. Name and Address of New Re			
OWI	ENS, EVELYN R.		81	Name				
792 LIMPET DR. SANIBEL FL 33957				Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
JAN	IIBEL FL 33907		83					
į								
ĺ			84	City		FL	5 Zip (>ode
office or agent 1a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607.1508, Florida Statut de of Florida. Such change was a gations of, Section 607.0505, Flo	es, the above authorized b orida Statute	ve-named co by the corpor es.	rporation submits this statement for the patients board of directors. I hereby accept	ourpose of chi of the appoint	inging its ment as	s registered registered
SIGNATURE	Signature, typed or pented name of registered	agent and title if applicable (NOT	E: Registered Ac	ent signature reg	ulred when reinstating}	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DI	RECTOR	S IN 12
HILE	P	☐ DELETE	1.1 TITLE				Change	Addition
NAME	OWENS, KEITH R.		1.2 NAME					
STREET ADDRESS	1825 ARDSLEY WAY		1.3 STREE	T ADDRESS				
C:TY+ST-ZIP	SANIBEL FL 33957		1,4 CiTY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
THILE	VP CHELVILD	☐ DELETE	2.1 TITLE				Change	Addition
NAMÉ	OWENS, EVELYN R. 792 LIMPET DRIVE		2.2 NAME					
STREET ADDRESS	SANIBEL FL 33957		1	T ADDRESS				İ
CITY+SI-ZIP	S	DELETE	2.4 CITY - 3.1 TITLE	· S1 - ZIP			Change	Addition
NAME	OWENS, ROBERT		3.2 NAME			اسمما	e, a. igo	
STREET ADDRESS	792 LIMPET DRIVE			T ADDRESS				ļ
City-S'-7iP	SANIBEL FL 33957		3.4. CITY-	· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ DELETE	4.1 TiTLE				Change	Addition
NAME:			4. 2 NAM	E				
STREET ADDRESS			4.3 STREE	T ADDRESS	•			ŀ
CITY - ST - ZIP			44 CiTY-	ST-ZIP				
FILE		DELETE	51 TITLE				Change	Addition
NAME	1		5.2 NAME					ŀ

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 exporation 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.

64 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CHTY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADORESS

STREET ADDRESS CITY+SE-ZIP

CHY-ST-7P

TITLE

NAMÉ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-17-97

941-472-8485

Change

Addition

FILED

Apr 25 1997 8:00am

Secretary of State