PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name STANLEY & LIVINGSTON OUTF					
Principal Place of Business Mailing Address					•••
2340 PERIWINKLE WAY SANIBEL FL 33957-3221	2340 PERIWINKLE WAY SANIBEL FL 33957-3221			DO NOT WRITE IN THIS SPA	CE
				3. Date Incorporated or Qualifed 01/08/1987	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0052386	_
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	-	5. Certifcate of Status Desired	B.
City & State	City & State				5 Ac
Zip Country	Zip 39	Country	-	This corporation owes the current year Intangib Personal Property Tax.	
9. Name and Address of C	11	1		10. Name and Address of New Registered Ager	ıt
OWENS, EVELYN R.		81	Name		_
792 LIMPET DR.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
SANIBEL FL 33957		83			
		84	City	FL 81	T

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90003 044 ***150.00



Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

Not Applicable \$8.75 Additional

OWENS, EVELTN R. 792 LIMPET DR.			82	2 Street Address (P.O. Box Number is Not Acceptable)						
SANIBEL FL 33957						·				
O , (1			83							
		•	84	City		FL	85	Zip Co	de	
44 6	to the provisions of Sections 607.0502 and 607.	1509 Elorido Statutos	the above	-named corn	oration submits this state	ment for the purpose of	changin	a its re	aistered	
office or r	to the provisions of Sections 607.0502 and 607. egistered agent, or both, in the State of Florida. m familiar with and accept the obligations of, Se	Such change was auth	ionzed by	ine corporatio	on's board of directors. It	nereby accept the appoir	tment a	is regi	stered	
SIGNATUR	(E Cours				dutas salastatus)	DATE				
	Signature, typed or printed name of registered agent and title if ap OFFICERS AND DIRECT		13.	signature require	d when reinstating)	GES TO OFFICERS AN	D DIRE	CTOR	S IN 12	
12.		□ DELETE	1.1 TITLE		ADDITIONATIONAL	OLO TO OTTTOLITOTILI	Cha		Addition	
TITLE	b	- DECETE	1.2 NAME				_	•	_	
IAME	OWENS, KEITH R.			ADDDECE						
STREET ADDRESS	1825 ARDSLEY WAY		1.3 STREET							
CITY-ST-ZIP	SANIBEL FL 33957	DELETE	1.4 CITY-ST 2.1 TITLE	- ZIP			☐ Cha	nge	Addition	
TLE	VP	□ bereie						90		
IAME	OWENS, EVELYN R.		2.2 NAME							
STREET ADDRESS	792 LIMPET DRIVE		2.3 STREET							
CITY-ST-ZIP	SANIBEL FL 33957		2.4 CITY-S	T-ZIP			☐ Cha	,	Addition	
TITLE	. \$	☐ DELETE	3.1 TITLE					iige	☐ Addison	
IAME	OWENS, ROBERT		3.2 NAME		i.					
STREET ADDRESS	792 LIMPET DRIVE		3.3 STREET	ADDRESS -	يت شويده،			حد ،		
CITY-ST-ZIP	SANIBEL FL 33957		3.4. CITY-S	T- ZIP			F=3.0:			
TITLE	<i>'</i>	☐ DELETE	4.1 TITLE				☐ Cha	ange	Addition Addition	
NAME			4.2 NAME							
STREET ADORESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY-S	r-ZIP						
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	ange	☐ Addition	
NAME			5.2 NAME						•	
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	r-ZIP	<u></u>					
TITLE		☐ DELETE	6.1 TITLE				Chi	ange	☐ Addition	
IAME .			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY-S	T-ZIP						
14 I hereby	certify that the information supplied with this filing	does not qualify for th	ne exempti	on stated in	Section 119.07(3)(i), Flori	da Statutes. I further cer	tify that	the inf	ormation	

nereby certify that the information supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informationated 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 en an attachment with an address, with all other like empowered.

SIGNATURE:

1-18-99

941 472-8485