Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90017 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J58921

1. Corporation Name

THE STA	AILEY COMPANY					
Principal Place of Business Mailing Address					T (BBUILD BERN BUIDT INITE INCID UNDER HIEU BUDIT ALOSY OTONI ALOSY OSOSI ASOSI 1909)	
12420 RACE TRACK RD 12420 RACE TRACK ROAD TAMPA FL 33626-117 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	J
					02/23/1987	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	1
21	26				59-2769053 Not Applicable	1
	uite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	7
22 27					5. Certificate of Status Desired Fee Required	┙
	City & State City & State				6. Election Campaign Financing \$5.00 May Be	1
23					Trust Fund Contribution Added to Fees	4
Zip	Country Zip Cour				8. This corporation owes the current year Intangible	-
24	25	29 3	0		Personal Property Tax. XX Yes No	4
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent	\dashv
STAI	LEV DAVID P		61	Name		
STAILEY, DAVID P. 12420 RACE TRACK RD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	1
TAMPA FL 33626-3117			93			\dashv
IAM	FA FE 33020-3117		83			-
			84	City	FL 85 Zip Code	7
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				e-named corpo	oration 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 age	ent and title if applicable. (NOTE: R	tegistered Agen	t signature required	d when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE 1.1		1.1 TITLE		Change Addition	n
NAME	STAILEY, DAVID P.		1.2 NAME			
STREET ADDRESS	A SA ALLANDEON OF		1.3 STREET	ADDRESS		-
CITY-ST-ZIP	A		1.4 CITY-ST	r-zip		╛
TITLE	ST	☐ DELETE	2.1 TITLE		Change Addition	л
NAME	STAILEY, JEAN C		2.2 NAME			1
STREET ADDRESS	1613 HAMPTON CT.		2.3 STREET	ADDRESS		-
CITY-ST-ZIP	O/11 C/11 TH 41D O/11 T C 0 1000		2. 4 CITY-S	T-ZIP		_
TITLE			3.1 TITLE	-	Change Addition	n
NAME	3.2 N/		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY-S	T- ZIP		\exists
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	a }
NAME			4. 2 NAME]
STREET ADDRESS			4.3 STREET	TADDRESS		1
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		_
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	"
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	•		
CITY-ST-ZIP	[1-31-21 ²]		5.4 CITY-S	1-CIP	☐ Change ☐ Addition	爿
TITLE		☐ DETE LE	6.2 NAME			"
HAVIC			6.3 STREET	ADDRESS		[

6.4 CITY-ST-ZIP 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 of suppliemental 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 changes or on an attachment with an autoress, with all other like empowered.

JEAN C. STAILEY

SIGNATURE:

CITY-ST-ZIP

02/17/99

Date

(813) 855-0608