

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

DOCUMENT # **K52047** (3)

1. Corporation Name

STULTS & STULTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~1700 EXECUTIVE DRIVE~~
~~WINTER HAVEN, FL 33881~~

~~1700 EXECUTIVE DRIVE~~
~~BUILDING #2~~
WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1988

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

21 4212 Hammond Drive

Suite, Apt. #, etc.

2a. Mailing Address

26 4212 Hammond Drive

Suite, Apt. #, etc.

4. FBI Number

59-2921144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for a nonresidence tax under C. 195.032,
Florida Statutes ☒ Yes ☐ No

22 City & State

23 Winter Haven, FL., 33881

27 City & State

28 Winter Haven, FL.

24 Zip

33881

Country

29 Zip

33881

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STULTS, DENNIS

~~1700 EXECUTIVE DRIVE~~
WINTER HAVEN FL 33884

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4212 Hammond Drive

83

84 City

Winter Haven

FL

85 Zip Code

33881

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)

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STULTS, DERON
STREET ADDRESS	550 EAST LAKE ELBERT DR
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), 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: *Deron Stults* Deron Stults

3/23/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number