SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K98471** **(1)**

1. Corporation Name

STAMAC, INC.

Principal Place of Business
P.O. BOX 1176
STARKE FL 32091-1176

Mailing Address
P.O. BOX 1176
STARKE FL 32091-1176

3. Date Incorporated or Qualified: **07/01/1989**
3a. Date of Last Report: **10/09/1995**

2. Principal Place of Business
21 986 N. Temple Ave
Suite, Apt #, etc
22
City & State
23 Starke Fl.
Zip 24 32091
Country 25 Bradford

2a. Mailing Address
26 986 N. Temple Ave
Suite, Apt #, etc
27
City & State
28 Starke Fl.
Zip 29 32091
Country 30 Bradford

4. FEI Number: **59-2956549** 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNS, PHILLIP JEROME
131 S. WALNUT ST.
STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name: C. Scott Roberts
82 Street Address (P.O. Box Number is Not Acceptable): 986 N. Temple Ave
83
84 City: Starke FL 85 Zip Code: 32091

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: C. Scott Roberts (Signature: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE: 7/25/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	JORDAN, JOSEPH A.	
STREET ADDRESS	ROUTE 1, BOX 307A	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	DVP	☐ DELETE
NAME	TAYLOR, EDMOND FRANKLIN	
STREET ADDRESS	ROUTE 2, BOX 379	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	DST	☒ DELETE
NAME	JOHNS, PHILLIP JEROME	
STREET ADDRESS	131 S. WALNUT ST.	
CITY-ST-ZIP	STARKE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	DST	☐ Change ☒ Addition
3.2 NAME	C. Scott Roberts	
3.3 STREET ADDRESS	986 N. Temple Ave	
3.4 CITY-ST-ZIP	Starke Fl. 32091	
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		

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(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Scott Roberts — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE: 7/25/96 — (904) 964-7826 (Daytime Phone #)

CR2E034 (3/96)