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	Mailing Address
P.O. BOX 1176 STARKE FL 32091-1176	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	2a. Mailing Address
21 986 N. Temple Ave	26 986 N. Temple Ave
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Starke Fl.	28 City & State: Starke Fl.
24 Zip: 32091 25 Country: Bradford	29 Zip: 32091 30 Country: 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 — 7/25/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	JORDAN, JOSEPH A.		12 NAME		
STREET ADDRESS	ROUTE 1, BOX 307A		13 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		14 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, EDMOND FRANKLIN		22 NAME		
STREET ADDRESS	ROUTE 2, BOX 379		23 STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY FL		24 CITY-ST-ZIP		
TITLE	DST	☒ DELETE	31 TITLE	DST	☐ Change ☒ Addition
NAME	JOHNS, PHILLIP JEROME		32 NAME	C. Scott Roberts	
STREET ADDRESS	131 S. WALNUT ST.		33 STREET ADDRESS	986 N. Temple Ave	
CITY-ST-ZIP	STARKE FL		34 CITY-ST-ZIP	Starke Fl. 32091	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 — 7/25/96 — (904) 964-7826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #