

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03358 (3)

1. Corporate Name
STAKRIST, INC.

Principal Place of Business

**2540 11TH CIR
NAPLES FL 33940**

Mailng Address

**2540 11TH CIR
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification **07/19/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0140464** Applied Fee ☐ 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. 199.03? Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. # etc.

22 City & State

23 Zip

2a. Mailing Address

26 Suite, Apt. # etc.

27 City & State

28 Zip

9. Name and Address of Current Registered Agent

**CANDITO, JOSEPH P., SR.
2550 10TH AVE N
NAPLES FL 33940**

10. Name and Address of New Registered Agent

01 Name
02 Street Address, P.O. Box Number if Not Acceptable
03
04 City **FL** **05** Zip Code

11. Pursuant to the provisions of Sections 602.01(1)(b) and 602.15(1)(b), 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 provisions of Section 602.01(1)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent Accepting Appointment

Signature of Registered Agent or Registered Agent Accepting Appointment

DATE

12. OFFICERS AND DIRECTORS

NAME	D
NAME	CANDITO, JOSEPH P., SR.
STREET ADDRESS	2550 10TH ST N
CITY & STATE	NAPLES FL
NAME	D
NAME	KOSCHAR, JOANN
STREET ADDRESS	1183 9TH AVE N
CITY & STATE	NAPLES FL
NAME	D
NAME	CANDITO, JOSEPH P., JR.
STREET ADDRESS	2540 SMUDER CIR
CITY & STATE	NAPLES FL
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IN 12

NAME	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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NAME	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), Florida Statutes. I further certify that the information is not on the annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. If it can be effectively done for either corporation or the executor or trustee empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 of this filing, I do hereby agree to execute this report with an address.

SIGNATURE:

Joseph Candito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

813 619 6130
Tallahassee, FL