

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name
STAKRIST, INC.



Mailing Address
2540 11TH CIR
NAPLES FL 33940

3a. Date of Last Report
05/01/1995

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **City & State**

28 Zip _____ Country _____

65-0140464

Applied For	
Not Applicable	

**\$8.75 Additional
Fee Required**

\$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

10. Name and Address of New Registered Agent

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

81	Name	Joseph P. Candito Jr
82	Street Address (P.O. Box Number is Not Acceptable)	2540 NE Circle
83		
84	City	Naples FL

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

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	CANDITO, JOSEPH P., SR.	
STREET ADDRESS	2550 10TH ST N	
CITY - ST - ZIP	NAPLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOSCHAR, JOANN	
STREET ADDRESS	1183 9TH AVE N	
CITY - ST - ZIP	NAPLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CANDITO, JOSEPH P., JR.	
STREET ADDRESS	2540 SMUDER CIR	
CITY - ST - ZIP	NAPLES FL	

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 **Secretary/Treasurer** ☐ Change ☒ Add/Remove
1.2 NAME **Patricia Cando**
1.3 STREET ADDRESS **2540 11th Circle**
1.4 CITY-STATE-ZIP **NAPLES, FL 33940**

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 2540 11th Circle

3.4 CITY-STATE ZIP

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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, STATE, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kate Condit Patricia Condit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 941-649-6630

CR2E034 (12/95)