## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

2128 NE GINGER TERRACE

JENSEN BEACH FL 34957

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

2128 NE GINGER TERRACE

JENSEN BEACH FL 34957

Suite, Apt. #, etc.

21



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # L38316** 

STALL CONSULTING SERVICES, INC.

27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip □No Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent STALL, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 2128 NE GINGER TERRACE JENSEN BEACH FL 34957 83 Zip Code 84 City 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 11 DT F TITLE 1.2 NAME STALL, JOHN E. NAME 1.3 STREET ADDRESS 2128 NE GINGER TERRACE STREET ADDRESS JENSEN BEACH FL 34957 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE STALL, LUCY A. 2.2 NAME NAME 2128 NE GINGER TERRACE 2.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change S1TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 61 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered. SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

man 3, 1999

<u> 561-334-8983</u>

CR2E034 (11/98)

**FILED** Mar 10, 1999 8:00 am

**Secretary of State** 

03-10-1999 90234 002 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

 $\Box$ 

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed 12/19/1989 4. FEI Number

5. Certificate of Status Desired

65-0160362