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95 MAY -1 AM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L51330** (3)
1. Corporation Name
STOTTLER STAGG CORRECTIONS GROUP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% RICHARD H STOTTLER JR
8680 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified **02/15/1990** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt # etc. 26. Suite, Apt # etc.

4. FEI Number **59-2993507** Applied For Not Applicable

22. City & State 27. City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. ZIP 28. ZIP

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. 25. 29. 30.

8. The corporation has intent to reincorporate in another Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOTTLER JR, RICHARD H.
8680 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS	
12.1 NAME STREET ADDRESS CITY, ST, ZIP	PD STARMER, WILLIAM E 721 ENDEAVOUR DR S WINTER SPRINGS FL
12.2 NAME STREET ADDRESS CITY, ST, ZIP	STD STOTTLER, RICHARD H JR 1102 S BREVARD AVE COCOA BEACH FL
12.3 NAME STREET ADDRESS CITY, ST, ZIP	VD FOLSOM, PERCY R P O BOX 304 N/A TALLAHASSEE FL
12.4 NAME STREET ADDRESS CITY, ST, ZIP	
12.5 NAME STREET ADDRESS CITY, ST, ZIP	
12.6 NAME STREET ADDRESS CITY, ST, ZIP	
12.7 NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 2. NAME	
13.3 3. STREET ADDRESS	
13.4 4. CITY, ST, ZIP	
13.5 5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 6. NAME	
13.7 7. STREET ADDRESS	
13.8 8. CITY, ST, ZIP	
13.9 9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 10. NAME	
13.11 11. STREET ADDRESS	
13.12 12. CITY, ST, ZIP	
13.13 13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 14. NAME	
13.15 15. STREET ADDRESS	
13.16 16. 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 19.07(3)(b), 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: *Richard H. Stottler Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR