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

CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

M80686

(2)

STANLEY A. STOUDER, P.A.

Principal Place of Business 12670 NEW BRITTANY BLVD #202 FT. MYERS FL 33907 Mailing Address 12670 NEW BRITTANY BL FT. MYERS FL 33907											
						3. Date Incorporated or Qualified 05/09/1988	3a. Date o	1 Last F 17/19	Report 95	_	
2. Principal Place of Business 21		2a. Mailing Address				4. FEI Number App			Applied For Not Applicable	-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	···			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees				
Zip 24]	Country 25	Zip 29	30 Cou	intry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes No					
	9. Name and Address of Curre	ent Hegistered Agent		641	<u> </u>	10. Name and Address of New F	Registered Ag	ent			
STOUR	ER, STANLEY A			81	Name						
12670 N	IEW BRITTANY BLVD., #202 IES FL 33907				Street Addres	Address (P.O. Box Number is Not Acceptable)					
11.19116	.no 1 E 00301			83							
			ŀ	84	City			85 Z	p Code		
11 Purcuent t	o the provisions of Spatiana CO7 OF	00 - 1007 1500 5: 11 0					1	- (
				ve-na corpor	med corporat ation's board	ion submits this statement for the pur of directors. I hereby accept the app	pose of chang	ing its r	registered offic	Э	
familiar wit	h, and accept the obligations of, Sec	ction 607.0505, Florida Statut	es.	. ,		or amount. Thoroby accopit the app	OI TO THORIC AS TO	31210100	agont, ram		
SIGNATURE _	Signature, typeo or printed name of registered age										
12.		ND DIRECTORS	NOTE Registered	Agent s	signature required v		DATE				
THILE	PD	DELETE		1. 1 TITLE		ADDITIONS/CHANGES TO OFF				-1	
NAME	STOUDER, STANLEY A	[] otter	1.2 NA					Change	☐ Addition	;	
STREFF ADDRESS	12670 NEW BRITTANY BLVI	D., #202			anneco					- 13	
CITY-ST-ZIP	FT. MYERS FL 33907				ODRESS						
TITLE	☐ DELETE		2. 1 Til	Y-ST-	ZIP						
NAME		D ptttir						Change	☐ Addition		
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NAME		☐ perete	3. 1 717		1			Change	☐ Addition		
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STREET ADDRESS				TREET ADDRESS							
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			5.2 NAM								
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CHY-ST-Z-P TITLE		FT) DELETE	5 4 CIT		?IP						
		☐ DELETE	6. 1 TIT					change	■ Addition		
NAME DIVISION I DOSSESS			6.2 NAM							A _p	
STREET ADDRESS			63 S1R	EET AD	DRESS					•	
CITY-S1-ZIP			6.4.0(1)	Y-ST-2	1P						

I do horeby 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 furthe 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 und 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 of Block 13 of changed, or on an attachment with an address.

SIGNATURE:

STAN STOUDER TRESIDENT