

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N06761 (3)

1. Corporation Name

W.H. STOUTAMIRE HEIRS ESTATE, INC.



Principal Place of Business

Mailing Address

%E. AMOS SUMNER  
RT 1, BOX 61-A  
HOSFORD FL 32334

%E. AMOS SUMNER  
RT 1, BOX 61-A  
HOSFORD FL 32334

3. Date Incorporated or Qualified

12/20/1984

3a. Date of Last Report

06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2950292

Applied For

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. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMNER, E AMOS  
RT 1, BOX 61-A  
HOSFORD FL 32334

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SUMNER, E. AMOS	
STREET ADDRESS	RT 1, BOX 61-A	
CITY-ST-ZIP	HOSFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUMNER, E. AMOS	
STREET ADDRESS	RT 1, BOX 61-A	
CITY-ST-ZIP	HOSFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOUTAMIRE, SARAH HOWARD	
STREET ADDRESS	309 SAND CREEK ROAD	
CITY-ST-ZIP	ENTERPRISE AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STOUTAMIRE, ERA	
STREET ADDRESS	RT 1, BOX 61-A	
CITY-ST-ZIP	HOSFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Amos Sumner (E. Amos Sumner)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

Date

904 379 8554

Daytime Phone #

CR2E037 (12/95)