1/26/00-90040-037-$61.25-$61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004847

FILED
00 MAR -6 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

STOVER INC.

Principal Place of Business	Mailing Address
7806 NIAGARA AVE., BLDG. #27 TAMPA FL 33617	P. O. BOX 291601 TAMPA FL 33687-1601

2. Principal Place of Business	3. Mailing Address
7806 NIAGARA AVE Bldg #27	P.O. Box 291601
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Florida	City & State: TAMPA FL
Zip: 33617 Country: U.S.A.	Zip: 33687-1601 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ Applied For ☐ Not Applied For

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUGGINS, CAROLYN S 7806 NIAGARA AVE., BLDG. #27 TAMPA FL 33617	Name: CAROLYN STOVER-DUGGINS Street Address (P.O. Box Number is Not Acceptable): 7806 NIAGARA AVE Bldg #27 City: TAMPA FL Zip Code: 33617

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: CAROLYN STOVER-DUGGINS 1-20-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: STOVER INC. NAME: CAROLYN STOVER-DUGGINS (P) D, C, M STREET ADDRESS: 7806 Niagara Ave CITY-ST-ZIP: TAMPA FL 33617	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: STOVER INC. NAME: SUSIE MAE STOVER (VP) STREET ADDRESS: 7806 Niagara Ave CITY-ST-ZIP: TAMPA FL 33617	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: OTIS STOVER SR. C NAME: 7806 Niagara STREET ADDRESS: TAMPA FL 33617 CITY-ST-ZIP:	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: STOVER INC. NAME: SUSAN STOVER-PERRY T/S STREET ADDRESS: 4416 TUNA DR. CITY-ST-ZIP: TAMPA FL 33617	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Add

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12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn Stover Duggins / CAROLYN STOVER DUGGINS JAN 20, 2000 (813) 274-1370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #