

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P30425

1. Entity Name
STALCON, INC.



FILED

04 OCT 29 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1048 FLORIDA BLVD BATON ROUGE, LA 70802	Mailing Address 1048 FLORIDA BLVD BATON ROUGE, LA 70802
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10212004	REIN-P	CR2E098 (6/04)
4. FEI Number 72-1170042	Applied For <input type="checkbox"/> Not Applicable	

6. Name and Address of Current Registered Agent

BENNETT, KENNETH R
10609 HWY 39 NORTH
COUNTY LINE RD
PLANT CITY, FL 33564

7. Name and Address of New Registered Agent

Name: **John H. Fife**
Street Address (P.O. Box Number is Not Acceptable):
10609 Hwy 39 North
County Line Road
City: **PLANT CITY** FL Zip Code: **33564**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *John H. Fife* **John H. Fife President** DATE: **10-20-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">C</td> <td style="width: 85%;">KNOST, HOMER</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="3">RT. 1 BOX 215 CLINTON, LA</td> </tr> </table>	C	KNOST, HOMER	<input type="checkbox"/> Delete	RT. 1 BOX 215 CLINTON, LA		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John H. Fife* **John H. Fife president** DATE: **10/20/04** DAYTIME PHONE #: **225-343-0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #