

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:24

DOCUMENT # **P92000007533 (2)**

1. Corporation Name

STITCHIT, INC.

Principal Place of Business

P.O. BOX 354
NICEVILLE FL 32588

Mailing Address

P.O. BOX 354
NICEVILLE FL 32588

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/23/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3157276

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

2. Principal Place of Business

21. 1415 N. Partin Dr.

Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

23. Niceville, FL

27. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

32578

9. Name and Address of Current Registered Agent

YOUNG, RICHARD T
1415 N. PARTIN DRIVE
NICEVILLE FL

10. Name and Address of New Registered Agent

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 607.0502 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YOUNG, RICHARD T
STREET ADDRESS	P.O. BOX 354, N/A
CITY - ST - ZIP	NICEVILLE FL 32588
TITLE	TSD
NAME	YOUNG, TAMMY S
STREET ADDRESS	P.O. BOX 354, N/A
CITY - ST - ZIP	NICEVILLE FL 32588
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1415 N. Partin Dr.
1.4 CITY - ST - ZIP	Niceville, FL 32578
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1415 N. Partin Dr.
2.4 CITY - ST - ZIP	Niceville, FL 32578
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(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 T. Young
Richard T. YOUNG

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3-31-95

(Date)

904-678-1524

(Telephone Number)