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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000002662 (3) **DOCUMENT #**

STOUT	ENTERPRISES,	INC.
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						<u> </u>			EHIA 1101 HADI
Principal Place of Business Mailing Address									
1225 FRAN-MAR COURT		1225 FRAN-MAR COURT CLERMONT FL 34711							
CLERMONT FI	L 34/11	OLERMONT PE SAMT				3. Date incorporated or Qualified 01/01/1993	ı	te of Last Re 04/13/199	
2. Principal Pla	ce of Business	2a. Mailing Aridress		_		4. FEI Number	J 	Δ	Applied For
21		26				59-3158272			Not Applicable
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #, etc.	······			5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees			
		City & State 28	City & State						
Zip	Country	Z _I p ₂				8. This corporation has liability for intangible tax under s 199.032.			
24	25	29	29 30			Fiorida Statutes Yes			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistere	d Agent	
i				81	Name				
STOUT,	JOHN W			82	Street Add	ress (P.O. Box Number is Not Acceptab	ko)		
	AN-MAR COURT			L.			·		
CLERMO	NT FL 34711			83					
				84	City		F	85 Zij	p Code
familiar wit	th, and accept the obligations of, Sections of Sections of the street about	PALSE HAVE AND TONGS STATUTE	s Oi⊊ Args-re			and of directors. Thereby accept the app	DĀTE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE	1.1	HILE	l			Change	Add:IIGII
NAME	STOUT, JOHN W		121						
STREET ADDRESS	1225 FRAN-MAR COURT				TADORESS				l
CiTY-ST-ZiP	CLERMONT FL 34711	DELETE		1.4 C(TY - ST - Z)P 2 1 T(I) E 2 2 NAME				Change	nestibbA [
TITLE	D								
NAME	STOUT, LINDA J				T. A COPOGEA CO				
STREET ADDRESS	1225 FRAN-MAR COURT				T ADDRESS				
CITY-ST-21P	CLERMONT FL 34711	□ DELETÉ		nry- nrue	S1 - 7/P			☐ Change	Addition
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STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP			341	ih-	S1 - ZIF				
TITLE		☐ DELETE	4 1	T:TLF				Change	☐ Addition
NAME			421	IAME					
STREET ADDRESS			433	THEE	Scandon?				
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NAME				AME					
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CITY - ST - ZIP		DELFTÉ		CHTY - THILE	S* - Z-P			☐ Change	Addition
TRTLE				NAME					_
NAME					- LADURESS				
STREET ADDRESS			63	a i Het	CEMUURIO				

CITY-S1-7/P

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 off-cer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 697, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: