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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

P93000072853 (3)

THE DEER STAND, INC.

וחב ט	EER STANU, INC.				
Principal Place of	of Business	Mailing Address		i indicati era idiat envi daret affe	ii esisi kaiti iddid italii läidi diifil liiti iddi
24 SOUTH MAIN ST. ALACHUA FL 32615		24 South Main St. Alachua Fl 32615			
				 Date incorporated or Qualified 10/14/1993 	3a. Date of Last Report 07/26/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt. #		26 1.0. (Say	1928	59-3204853	Not Applicable
22]	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State	. (Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 A ALA	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25		30 AIMA A		□ No
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New F	tegistered Agent
			81 Name		
STORM/ RT 3 BC	ANT, JOHN F		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
	JA FL 32615		83		
			84 City		85 Zip Code
maama, J. Torrigo	40.1	00 1 507 1500 51- 12- 61-11-		ration submits this statement for the pur	FL
familiar with SIGNATURE	o agent, or both, in the State of Fic i, and accept the obligations of, Se synature, typed or primes have of registered ag	action 607.0505, Florida Statutes.	Registered Agent signature require	ord of directors. I hereby accept the app	Ontrinent as registered agent. I am DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
T-1LE	P CTOCHART IOURIE	☐ DELÉTE	1. 1 3dLE		Change Addition
NAME	STORMART, JOHN F RT. 3 BOX 173M		1.2 NAME		
STREET ADDRESS City - St - Zip	ALACHUA FL 32615		1.3 STREET ADDRESS		
TITE	ST	☐ DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	HARRELL, GLENN A		2 2 NAME		
STREET ADDRESS	RT. 3 BOX 214		2 3 STREET ADDRESS		
C-14 \$1-20P	ALACHUA FL 32615		2 4 CITY-ST-ZIP		
TillEF		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAM:			3 2 NAME		
STREET ADDRESS			3 3. STREET ADDRESS		
. CIY-SI-7P TITLE	A CONTRACTOR OF THE CONTRACTOR	DELETE	34 DITY-ST-ZIP 4 1 TITLE		☐ Change ☐ Addition
: NAME		_	4 2 NAME		 •
STHEFT ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
1r'tf		DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-7P TITUE		DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change Addition
NAME			6 2 NAME		□ eutride □ vooriititi
NOME STHEET ADDRESS			63 STREET ADDRESS		
CITY ST-ZIP			6.4 CITY-ST-ZIP		
	ced by that the information supplie	d with this filing is voluntarily furnish		for the exemption stated in Section 119	07(3)(k) Florida Statutes I further

14. Ido hereby certly 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Daytima Phone #