

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000072853 (3)

1. Corporation Name

THE DEER STAND, INC.



Principal Place of Business

Mailing Address

24 SOUTH MAIN ST.  
ALACHUA FL 32615

24 SOUTH MAIN ST.  
ALACHUA FL 32615

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1928

22 City & State

27 City & State  
28 Alachua, FL

23 Zip Country

29 32616 30 Alachua

3. Date Incorporated or Qualified

10/14/1993

3a. Date of Last Report

07/26/1995

4. FEI Number

59-3204853

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STORMANT, JOHN F  
RT 3 BOX 173M  
ALACHUA FL 32615

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
STORMANT, JOHN F  
STREET ADDRESS  
RT. 3 BOX 173M  
CITY-ST-ZIP  
ALACHUA FL 32615

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
ST  
HARRELL, GLENN A  
STREET ADDRESS  
RT. 3 BOX 214  
CITY-ST-ZIP  
ALACHUA FL 32615

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
HARRELL, GLENN A  
STREET ADDRESS  
RT. 3 BOX 214  
CITY-ST-ZIP  
ALACHUA FL 32615

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
ST  
HARRELL, GLENN A  
STREET ADDRESS  
RT. 3 BOX 214  
CITY-ST-ZIP  
ALACHUA FL 32615

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
ST  
HARRELL, GLENN A  
STREET ADDRESS  
RT. 3 BOX 214  
CITY-ST-ZIP  
ALACHUA FL 32615

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
ST  
HARRELL, GLENN A  
STREET ADDRESS  
RT. 3 BOX 214  
CITY-ST-ZIP  
ALACHUA FL 32615

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
ST  
HARRELL, GLENN A  
STREET ADDRESS  
RT. 3 BOX 214  
CITY-ST-ZIP  
ALACHUA FL 32615

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
ST  
HARRELL, GLENN A  
STREET ADDRESS  
RT. 3 BOX 214  
CITY-ST-ZIP  
ALACHUA FL 32615

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Date

Daytime Phone #

CR2E034 (12/95)