

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000086664 (8)

1. Corporation Name

STORMS ENTERPRISES, INC.



Principal Place of Business

3991 GULFSHORE BLVD., N.
PH204
NAPLES FL 33940
US

Mailing Address

3991 GULFSHORE BLVD., N.
PH204
NAPLES FL 33940
US

2. Principal Place of Business

21 3991 GULFSHORE BLVD. N.
Suite, Apt. #, etc.

22 PH204
City & State

23 NAPLES, FL
Zip Country

24 33940 25 USA

2a. Mailing Address

26 3991 GULFSHORE BLVD. N.
Suite, Apt. #, etc.

27 PH204
City & State

28 NAPLES, FL
Zip Country

29 33940 30 USA

9. Name and Address of Current Registered Agent

STORMS, DONALD L
3991 GULFSHORE BLVD., N.
PH204
NAPLES FL 33940

3. Date Incorporated or Qualified
12/20/1993

3a. Date of Last Report
01/25/1995

4. FLE Number
65-0454812

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

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 607.0032 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 of person authorized to sign this report (check one)

(If "All Registered Agents" is checked, no signature is required)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE D
NAME STORMS, DONALD L
STREET ADDRESS 3991 GULFSHORE BLVD., N., PH204
CITY-ST-ZIP NAPLES FL

2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP ☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP ☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP ☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP ☐ Change ☐ Addition

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP ☐ Change ☐ Addition

29. TITLE

30. NAME

31. STREET ADDRESS

32. 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 199.07(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 a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

704-843-2212

CR2E034 (12/95)