

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 05 1997 8:00am
Secretary of State

DOCUMENT # **P94000023416 (8)**

1. Corporation Name
STOR-PARK SYSTEMS, INC.



Principal Place of Business

Mailing Address

**97 LEVY ROAD
ATLANTIC BEACH FL 32250
US**

**70 OAKWOOD ROAD
JACKSONVILLE BEACH FL 32250-2015
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**W. THOMAS COPELAND, P.A.
421 N THIRD ST
JACKSONVILLE BEACH FL 32250**

3. Date Incorporated or Qualified

04/01/1994

3a. Date of Last Report

03/05/1996

4. FEI Number

59-3231049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 607.0502 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 of officer or director of registered agent and, if applicable, the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**DPST
WILSON, ROBERT L**
STREET ADDRESS
97 LEVY RD
CITY-ST-ZIP
ATLANTIC BEACH FL 32233

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**DV
WILSON, SARAH E**
STREET ADDRESS
97 LEVY RD
CITY-ST-ZIP
ATLANTIC BEACH FL 32233

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**DV
WILSON, SARAH E**
STREET ADDRESS
97 LEVY RD
CITY-ST-ZIP
ATLANTIC BEACH FL 32233

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**DV
WILSON, SARAH E**
STREET ADDRESS
97 LEVY RD
CITY-ST-ZIP
ATLANTIC BEACH FL 32233

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**DV
WILSON, SARAH E**
STREET ADDRESS
97 LEVY RD
CITY-ST-ZIP
ATLANTIC BEACH FL 32233

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**DV
WILSON, SARAH E**
STREET ADDRESS
97 LEVY RD
CITY-ST-ZIP
ATLANTIC BEACH FL 32233

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert L Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97 **904 2488311**
Date Daytime Phone

CR2E034 (9/96)