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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90097 048 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000029206

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

THE STA	CEY COMPANY								
Principal Place	of Business	Mailing Address					51): 65:11 6 4:14	15010 10110 11017 0	
311 RAVEN ROCK LONGWOOD FL 32750 311 RAVEN ROCK LONGWOOD FL 32750						DO NOT WR	ITE IN THIS	SPACE	
						Date Incorporated or Qualifed			
						04/18/1994	_		
2. Principal Pl	ace of Business	2a. Mailing Addres	ss			.4,_FEI Number			olied For
21		26				59-3241648		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27				3. Octavole of oldico Beside		Fee Rec	quired
City & State		City & State				6. Election Campaign Financing		\$5.00 N	•
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the cur	rent year Int		-
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curr	ent Registered Agent		<u> </u>		10. Name and Address of New	Registered	Agent	
				81	Name				
STACEY, RICHRD C				82	Street Add	Iress (P.O. Box Number is Not Accept	table)		
311 RAVEN ROCK				"			<u> </u>		
LONGWOOD FL 32750				83					
				<u></u>				os Zio C	odo
					84 City FL 85 Zip Code				
agent. I a	m familiar with, and accept the obli-	gations of, Section 607.03	ouo, Fiorida Stai	lutes	•	poration submits this statement of the ion's board of directors. I hereby acce	DATE		
12.		AND DIRECTORS	13.	ii.		ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	D	☐ DEI	LETE 1.1 T	ΠLE				☐ Change	☐ Addition
NAME	STACEY, RICHARD C		1.2 N	IAME				•	
STREET ADDRESS	311 RAVEN ROCK		1.3 S	TREE	TADDRESS				
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 0	ITY-S	T-ZIP				
TITLE			ITLE				☐ Change	☐ Addition	
NAME			2.2 N	AME		:			
STREET ADDRESS			238	TREE	T ADDRESS	f n = maxim more and an experience			_
					ST-ZIP				
CITY-ST-ZIP								☐ Change	☐ Addition
NAME		_		IAME					
					TADDRESS				
STREET ADDRESS					ST-ZIP				
CITY-ST-ZIP		□ DE		JIIY-S	31-21			Change	Addition
TITLE				NAME				_ ,	_
NAME					T 4DDDEC0				
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				XTY-S	IT-ZIP			Change	Addition
TITLE		□ DE		IAME					
				PART .	1				

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

Addition