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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janice B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000030207 (2)

1. Corporation Name

STAHL ENTERPRISES, INC.

Principal Place of Business

3101 SW 34TH AVENUE
SUITE 905-261
OCALA FL 34474

Mailing Address

3101 SW 34TH AVENUE
SUITE 905-261
OCALA FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3259425

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. 193.022,
Florida Statutes ☐ Yes ☒ No

24

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9. Name and Address of Current Registered Agent

COHEN, STEPHEN J
JACOBSON, COHEN & COHEN, P.A.
800 NW 62ND STREET, SUITE 200
FT LAUDERDAL FL 33309

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 607.0503, Florida Statutes.

SIGNATURE

STEPHEN J. COHEN, P.A.

4-25-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVD
NAME	STAHL, WALTER
STREET ADDRESS	3101 SW 34TH AVENUE
CITY, ST, ZIP	OCALA FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	PVD	☒ Change ☐ Addition
2. NAME	STAHL, WALTER	
3. STREET ADDRESS	2323 N.E. 36 AVE #2	ADDRESS CHANGE
4. CITY, ST, ZIP	OCALA, FL 34474	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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 Sections 130.073(8), 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:

Walter Stahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER STAHL 4-25-95 904-620-8035
Date Signature