

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000062770 (0)**

1. Corporation Name

GEORGE L. STALKER, INC.



Principal Place of Business

**7501 N.W. 4TH ST.
#112
PLANTATION FL 33317**

Mailing Address

**7501 N.W. 4TH ST.
#112
PLANTATION FL 33317**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WACHHOLDER, BARRY L C.P.A.
7501 N.W. 4TH ST.
#112
PLANTATION FL 33317**

3. Date Incorporated or Qualified

08/25/1994

3a. Date of Last Report

04/27/1995

4. FUI Number

65-0512527

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 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
STALKER, PATRICIA A
3300 W. ROLLING HILLS CIRCLE, #208
DAVE FL**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 NAME

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 NAME

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 NAME

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 NAME

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(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 an address.

SIGNATURE:

Patricia A. Stalker
PATRICIA A. Stalker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

954-424-8924
Office Phone #

CR2E034 (12/95)