FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 15 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000063653 (7)**

1. Corporate Name

STEFFORD ENTERPRISES, INC.

Principal Street Address

ROUTE 1, BOX 834
STE. D INDUSTRIAL ROAD MILE MARKER 31
BIG PINE KEY FL 33043

Mailing Address

ROUTE 1, BOX 834
STE. D INDUSTRIAL ROAD MILE MARKER 31
BIG PINE KEY FL 33043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1994

3a. Date of Last Report:

2. Principal Street Address
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

ZIP
24

County
25

ZIP
29

County
30

4. FEI Number: 65-0515531

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 § 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARKELL, CLIFFORD M
ROUTE 1, BOX 834
STE. D INDUSTRIAL ROAD MILE MARKER 31
BIG PINE KEY FL 33043

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 607.0501 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	D	1. TITLE	☑ Change ☐ Addition
1. NAME	MARKELL, CLIFFORD M	1. NAME	
1. STREET ADDRESS	ROUTE 4, BOX 321	1. STREET ADDRESS	27032 MARIPOSA RD
1. CITY ST ZIP	SUMMERLAND KEY FL 33042	1. CITY ST ZIP	
2. TITLE	D	2. TITLE	☑ Change ☐ Addition
2. NAME	SHIVELY, STEPHANIE D	2. NAME	
2. STREET ADDRESS	ROUTE 4, BOX 321	2. STREET ADDRESS	27032 MARIPOSA RD
2. CITY ST ZIP	SUMMERLAND KEY FL 33042	2. CITY ST ZIP	
3. TITLE		3. TITLE	☐ Change ☐ Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY ST ZIP		3. CITY ST ZIP	
4. TITLE		4. TITLE	☐ Change ☐ Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY ST ZIP		4. CITY ST ZIP	
5. TITLE		5. TITLE	☐ Change ☐ Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY ST ZIP		5. CITY ST ZIP	
6. TITLE		6. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY ST ZIP		6. CITY ST ZIP	

14. I, the 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 above, or on an attachment with an address.

SIGNATURE: Clifford M. Markell CLIFFORD M MARKELL 5-10-95 305-872-2723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0117050 CP