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

PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #
1. Corporation Name

P94000067552 (7)

MONUS YOULU SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J. STUEHLER, GENERAL CONTRACTOR, INC.

Principal Place of Business Mailing Address										******	
1 FLORIDA PARK DR NORTH 1 FLORIDA PARK DR NORTH					H						
SUITE 104 PALM COAST FL 32137			SUITE 104 PALM COAST FL 32137								
TACH! OOAC	of the delay		TALM CONSTITUTES				ŀ	3. Date Incorporated or Qualified	3a. Date o		
								09/14/1994	0	2/28/	1995
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			Applied For
21			6					69-3271348			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be			
23							Trust Fund Contribution	Added to Fees			
Zip 24				Country	'	8. This corporation has liability for intangible tax under s 199.032,					
9. Name and Address of Current			stered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
			10.00 / Igoth		81	Nam	e	To. Hume and Address of How I	egistered Ag	DIII.	
STUEH						70 O D N N - 1					
113 COASTAL OAK CIR					82	Stre	et Address	ddress (P.O. Box Number is Not Acceptable)			
PONTE	VEDRA BEACH FL 32082				83						
					84	City			FL	85	Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 60	7.1508, Florida Statut	tes, the a	above-r	L named	corporatio	on submits this statement for the pur	nose of chanc	ina its	registered office
or registered	d agent, or both, in the State of Flor , and accept the obligations of, Sec	ida. Sucr	i change was authoriz	zeo by th	ne corp	oration	's board o	of directors. Thereby accept the appoint	ointment as re	gistere	ed agent. I am
SIGNATURE	gnature, typed or printed name of registered ager	it and title if a	applicable. (NO	OTE: Registe	erea Agen	it signatu	e required wh	nen reinstating!	DATE		
12.					13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPST	-	DELETE	1.	1 TITLE		T			Change	Addition
NAME	STUEHLER, THOMAS J			1.	2 NAME						
STREET ADDRESS	113 COASTAL OAK CIR			1.	3 STREET	ADDRES	s				
C:TY-ST-7/P	PONTE VEDRA BEACH FL	32082		1.	4 CITY - S	1-7IP					
TITLE			DELETE	2	1 TITLE					Change	☐ Addition
NAME				2	2 NAME						
STREET ADDRESS				2	3 STREET	ADDRES	S				
CITY - ST - ZIP				2	4 CITY - S	T - 7IP					
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STREET ADDRESS				- 1	3 STREET		5				
CITY-ST-ZIP TITLE			DELETE		4 CITY - S 1 TITLE	1 - ZIP				Change	Addition
NAME			beet it		2 NAME		İ		□ '	change	Addition
STREET ADDRESS					3 STREET	ADDREC	,				
CITY-ST-ZIP					4 CITY-S)				
TITLE			DELETE		1 TITLE	1-716	 			Change	Addition
NAME					2 NAME				L)	- · · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS					3 STREET	ADDRES					
CITY-ST-ZIP					4 CHY-S		´				
14. I do hereby	certify that the information supplied	with this	filing is voluntarily furn	nished ar	nd does	s not a	ualify for th	he exemption stated in Section 119.	07(3)(k), Florid	State	utes. I further
certify that the oath; that I a	ne information indicated on this ann am an officer or director of the corp	ual report oration or	t or supplemental ann the receiver or truste	nual repoi se empov	rt is tru	e and	accurate a	and that my signature shall have the aport as required by Chapter 607, Fig.	ama legal offi	oc foc	if made under
appears in E	Block 12 or Block 13 if changed, or	omen att	achment with an addr	ress.				ul la	_		
SIGNATURE: Monies Veulle 4/11/96 904-445-2443											-2483