

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000069139 (1)

1. Corporation Name

STAGECOACH ENTERPRISES, INC.



Principal Place of Business

3800 OVERSEAS HIGHWAY
MARATHON FL 33050

Mailing Address

3032 ALVERY PARK DR. W.
STE. #5 BLDG. B
OWENSBORO KY 42303
US

2. Principal Place of Business

21 944 Country Club Blvd

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Cape Coral, FL

Zip

24 33990

Country

25 US

2a. Mailing Address

26 944 Country Club Blvd

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Cape Coral, FL

Zip

29 33990

Country

30 US

3. Date Incorporated or Qualified

09/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0520599

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

9. Name and Address of Current Registered Agent

KIRWAN, DAVID P
6803 OVERSEAS HIGHWAY
MARATHON FL 33050

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

President

Gregg L. Howell

2117 Santa Barbara Pl, Unit 1

Cape Coral, FL 33990

Vice President - Secretary

Lynn Howell

2117 Santa Barbara PL Unit 1

Cape Coral, FL 33990

Change

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SIGNATURE: *Gregg L. Howell*

GREGG L. HOWELL

2/15/96

305-941-7669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)