

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000072519 (9)

1. Corporation Name

STURGIS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2406 LINKSIDE VILLA DRIVE
AMELIA ISLAND FL 32034

P O BOX 30
SHELDON SC 29941
US



2. Principal Place of Business

2a. Mailing Address

21 93 Sea Marsh

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Amelia Island, FL

28 City & State

24 Zip

Country

29 Zip

Country

32034

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

STURGIS, NANCY L
2406 LINKSIDE VILLA DRIVE
AMELIA ISLAND FL 32034

3. Date Incorporated or Qualified

09/29/1994

3a. Date of Last Report

06/20/1995

4. FEI Number

59-3294242

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

STURGIS, NANCY L

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

93 Sea Marsh

83

84 City

Amelia Island

FL

85 Zip Code

32034

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

Nancy L. Sturgis

Signature of person named as registered agent and identified as such

(Note: Registered Agent signature required after 12/31/95)

6/12/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME STURGIS, NANCY L
STREET ADDRESS 2406 LINKSIDE VILLA DRIVE
CITY-ST-ZIP AMELIA ISLAND FL 32034

☐ DELETE

TITLE D
NAME STURGIS, JOHN M
STREET ADDRESS 2406 LINKSIDE VILLA DRIVE
CITY-ST-ZIP AMELIA ISLAND FL 32034

☐ DELETE

TITLE D
NAME STURGIS, RICHARD F
STREET ADDRESS 2406 LINKSIDE VILLA DRIVE
CITY-ST-ZIP AMELIA ISLAND FL 32034

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

President

12 NAME

STURGIS, NANCY L

13 STREET ADDRESS

P.O. Box 30 N/A

14 CITY-ST-ZIP

Sheldon, SC 29941

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY-ST-ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY-ST-ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY-ST-ZIP

37 TITLE

38 NAME

39 STREET ADDRESS

40 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

45 TITLE

46 NAME

47 STREET ADDRESS

48 CITY-ST-ZIP

☒ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

Nancy L. Sturgis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 (803) 846-0002

CR2E034 (3/96)