

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 # P95000008294 (7)

1. Corporation Name

STORMY ENTERPRISES INC.

Principal Place of Business

Mailing Address

BLK 4 NW PINE WAY
BIG PINE KEY FL 33043

POST OFFICE BOX 431717
BIG PINE KEY FL 33043



3. Date Incorporated or Qualified

01/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1819 N.W. Sans Souci St.

26 1819 N.W. Sans Souci St.

4. FEI Number

65-0561775

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

23 Stuart FL

28 Stuart FL

Zip

Country

Zip

Country

24 34994

25 USA

29 34994

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOCKOVEN, BRADLEY
BLK 4 NW PINE WAY
BIG PINE KEY FL 33043

81 Name

Kathryn A. Bockoven

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

1819 N.W. Sans Souci St.

83

84

City

Stuart

FL

85 Zip Code

34994

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 Kathryn A. Bockoven

Signature typed or printed name of registered agent on the back of this form.

Signature typed or printed name of registered agent on the back of this form.

7-13-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE President ☐ Change ☐ Addition
12 NAME Bradley S. Bockoven
13 STREET ADDRESS 1819 N.W. Sans Souci St.
14 CITY-ST-ZIP Stuart FL 34994

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE Vice Pres. Secretary Dir. ☐ Change ☐ Addition
22 NAME Kathryn A. Bockoven
23 STREET ADDRESS 1819 N.W. Sans Souci St.
24 CITY-ST-ZIP Stuart FL 34994

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathryn A. Bockoven Kathryn A. Bockoven 7-13-96 561-692-2292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed or Printed Name

CR2E034 (3/96)