FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

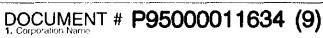


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 21 1997 8:00 am Secretary of State



JAMES V	N. STOVALL, INC.	Mailing Address					
1334 LAVIN LANE 1334 LAVIN LANE N. FT. MYERS FL 33917-5302			302				
					3. Date incorporated or Qualified 02/09/1995	3a. Date of L 03/29/19	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Wirel 19	Applied For
21		26	26		65-0551696	<u> </u>	Not Applicable
Suite, Apt. #, ctc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.	.75 Additional
22		27			G. Germonic of Grands Bourses	F	ee Required
City & State		City & State		6. Election Campaign Financing		5.00 May Be	
23 Zip	Country	28 Zip	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		dded to Fees
24	25	29	30	,	8. This corporation has liability for i	illarigible tax uli] Yes ☐ No	Ider S. 199.032,
	9. Name and Address of Curre		.,,		10. Name and Address of New Re		
STO	VALL, JAMES W		8	Name			
1334 LAVIN LANE				Street Add	ress (P.O. Box Number is Not Acceptab	le)	
N. FI	T. MYER\$ FL 33917			<u> </u>			
			B:	3			
			84	City		8 5	Zip Code
44 6	10 15 002.00	20 - 1002 4500 Et -1 0	- I				
office or r	to the provisions of Sections 607 05 registered agent, or both, in the Stati	e of Florida, Such change was	authorized b	ve-named corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose or chang of the appointme	ging its registered
agent. La	m familiar with, and accept the obliq	gations of, Section 607.0505, F	lorida Statuti	3 \$.			
SIGNATURE	Signature hypertion on destinante of registered as	pent and title Lapphoable (NC	ITE. Registered A	gent signature requi	red when reinstating)	DATE	
12.	OFFICERS AT	ND DIRECTORS	13.	ione in the	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITLE			☐ CF	nange 🔲 Addition
NAME	STOVALL, JAMES W		1.2 NAME				
STREET ADDRESS	1334 LAVIN LANE		1.3 STRE	T ADDRESS			
CITY-ST-ZiF	N. FT. MYERS FL 33917			ST-ZIP		Па	
TITLE		L'1 DETELE	2.1 TITLE			L Cr	hange L Addition
NAME Oxeres as subject			2.2 NAME				
STREET ADDRESS			I.	T ADDRESS		•	
CITY-ST-ZIP TITLE		DELETE	2.4 City 3.1 Title			□ CF	hange Addition
NAME		L	3.2 NAME			,	
STREET ADDRESS				T ADDRESS		:	
CITY - ST - ZIP			3.4. CITY	4	: 4		
TITLE		DELETE	4 1 TITLE			C	nange 🔲 Addition
NAME			4 2 NAM	E			
STREET ADDRESS			4 3 STRE	et address			
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY	ST-ZIP			
TITLE		DELETE	5.1 TITLE		ł	☐ Ct	hange L Addition
NAME			5.2 NAME		•		
STREET ADDRESS			B	T ADDRESS			
CITY-ST-Z:F		DELETE	5.4 CITY- 6 1 TITLE			Cr	hange Addition
NAMÉ :		[_] Dttt:16	6.2 NAME			ᆸᅜ	mide FT Vontegii
STREET ACORESS				T ADDRESS			
CHA-ST ZIN			6.4 CITY				
	by cenify that the information supplied	ed with this filing does not qua			d in Section 119.07(3)(i), Florida Statute	s. I further certif	v that the

I. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this argual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an additional content.

SIGNATURE:

JAMES W. SEVA //

1/5/97

Daytime Phone #

CR2