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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #P95000019734 1. Corporation Name

STANSFIELD & ASSOCIATES, INC.

П	Dainai Di	- af Dual con
П	Principal Plac	e of Business

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90011 029 ***158.75



Principal Place of Business	Mailing Address			00141 11 0 10 1 0 131 10888 11511 0131 1 03 1	
B WINDING CREEK PLACE INGWOOD FL 32779	553 WINDING CREEK PLACE LONGWOOD FL 32779			•	
			DO NOT WRITE	IN THIS SPACE	
			3. Date Incorporated or Qualifed		
	<u> </u>		03/09/1995		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26 '		59-3313834	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	27		5. Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	55.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current	year Intangible	
24 25	29	30	Personal Property Tax.	☐ Yes ☐ No	
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	istered Agent	
BATEMAN, RONALD	किस्कित (/ चि	81 Name			
577553 WINDING CREEK PLACE	*	82 Street Add	ress (P.O. Box Number is Not Acceptable	1	
LONGWOOD FL 32779	1		The 1863 Let 18 6 A fee 28 at 1860 And 8		
CONGWOOD FL 32119	•	83	· · · · · · · · · · · · · · · · · · ·	na ing pangangangan	
		84 City	111 (121) 15 (133) (166) (161) (161)	ROS HAR MIT WAS ALL	
a tomatheways , one mile may a state	THE PROPERTY AND AND A STATE OF THE STATE OF	U4 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.050	2 and 607 1508, Florida Statut	es, the above-named corp	poration submits this statement for the pur	pose of changing its registered	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607,0505, Flo	uthorized by the corporation	on's board of directors. I hereby accept the	e appointment as registered	
SIGNATURE	,,			•	
Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating) 42333	DATE	
12. OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE	69 63 1788 s	☐ Change ☐ Addition	
NAME BATEMAN, RONALD		1.2 NAME	*		
STREET ADDRESS 33 WINDING CREEK PLACE	1.3 STREET ADDRESS		• • •		
CITY-ST-ZIP LONGWOOD FL 32779		1.4 CITY-ST-ZIP		•	
TITLE	☐ DELETE	2.1 TITLE		Change Addition	
NAME	•	2.2 NAME		•	
STREET ADDRESS	•	2.3 STREET ADDRESS		•	
CITY-ST-ZIP	457	2.4 CITY-ST-ZIP			
TITLE THE FIRST AS ENTERALS TO	A 3. 4 4 4 € DELETE	3.1 TITLE		: Change Addition	
NAME (Company of the Company of the	•	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	4 - 4	3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	接牌的 经连续证 1	
TITLE	☐ DELETE	4.1 TITLE	15 to	Change	
NAME		4.2 NAME		· (/	
STREET ADDRESS (7)		10077557 1007500		` · · · · ·	
CITY-ST-ZIP		4.3 STREET ADDRESS	•		
TITLE	☐ DELETE	4.4 C/TY-ST-ZIP 5.1 TITLE	LANGE OF THE STATE	☐ Change ☐ Addition	
NAME		5.2 NAME	S. M. M. C.	☐ change ☐ Audition	
STREET ADDRESS	•	5.3 STREET ADDRESS	5 mil 3 mil 5		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	\$ (1999)		
MILE: 6 19 65 (17 6 65 67 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	☐ DELETE	6.1 TITLE	4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
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10 to 20 20 20 20 20 20 20 20 20 20 20 20 20		1		☐ Change ☐ Addition	
STDEET ADDRESS		6.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		1	0	☐ Change ☐ Addition 	

14. I 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 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 607, Florida Statutes; and that my name appears in Block:12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR