

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

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**Jan 16 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000050965 (9)**

1. Corporation Name  
**STOW, INC. OF FLORIDA**



Principal Place of Business: **700 WAVE CREST AVENUE UNIT 305  
INDIALANTIC FL 32903**  
Mailing Address: **700 WAVE CREST AVENUE UNIT 305  
INDIALANTIC FL 32903-3270**

3. Date Incorporated or Qualified: **06/29/1995**  
3a. Date of Last Report: **02/09/1996**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-29)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country  
25. Country  
29. Zip Country

4. FEI Number: **59-3347905**  
Applied For:  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  
**STOW, RICHARD A  
700 WAVE CREST AVENUE UNIT 305  
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE
NAME: <b>STOW, RICHARD A</b>	
STREET ADDRESS: <b>700 WAVE CREST AVENUE UNIT 305</b>	
CITY-ST-ZIP: <b>INDIALANTIC FL 32903</b>	
TITLE: <b>VSD</b>	<input type="checkbox"/> DELETE
NAME: <b>STOW, SHARON F</b>	
STREET ADDRESS: <b>700 WAVE CREST AVENUE UNIT 305</b>	
CITY-ST-ZIP: <b>INDIALANTIC FL 32903</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *Sharon F. Stow* **SHARON F. STOW** *VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **1/6/97** Daytime Phone #: **407-722-1494**

CR2E034 (9/96)