FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000058197 (1)**

1. Corporation Name

STORM PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
~~1616 NO LAKE SHORE DRIVE SARASOTA FL 34231~~ 1212 COURT ST CLEARWATER FL 34616	~~1616 NO LAKE SHORE DRIVE SARASOTA FL 34231~~ 1212 COURT ST CLEARWATER FL 34616
2. Principal Place of Business	2a. Mailing Address
21 1212 COURT ST	26 1212 COURT ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 STE A	27 STE A
City & State	City & State
23 CLEARWATER FL	28 CLEARWATER FL
Zip / Country	Zip / Country
24 34616 / 25 Pinellas	29 34616 / 30 Pinellas

3. Date Incorporated or Qualified: 07/25/1995 — 3a. Date of Last Report:

4. FEI Number: 59-3330186 — ☐ 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

ROBIE, CARL J III
1800 SECOND STREET STE 735
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: 59-3330186 FL — 85 Zip Code

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: Agent signature required for filing) DATE

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE		☐ Change ☐ Addition
NAME	BUMPUS, PETER B			
STREET ADDRESS	1616 NO. LAKE SHORE DRIVE			
CITY-ST-ZIP	SARASOTA FL 34231			
TITLE	VTD	☐ DELETE	VTD	☐ Change ☐ Addition
NAME	PARSONS, CHRISTOPHER J		CHRISTOPHER J. PARSONS	
STREET ADDRESS	~~1616 NO. LAKE SHORE DRIVE~~ 1264 KENNYWOOD DR		1264 KENNYWOOD DRIVE	
CITY-ST-ZIP	~~SARASOTA FL 34231~~ LARGO FL 34640		LARGO FL 34640	
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	ROBIE, CARL J III			
STREET ADDRESS	1800 2ND STREET STE 735			
CITY-ST-ZIP	SARASOTA FL 34231			
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

4/18

4-9-96 Bank deposit $ 500.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added, on this document with an address.

SIGNATURE: _____ April 2 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(813) 447-1915
Daytime Phone #

CR2E034 (12/95)