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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90109 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062488

1. Corporation Name
STANFL ASSOCIATES, INC.

Principal Place of Business
**800 S. NOVA RD. SUITE N
ORMOND BEACH FL 32174**

Mailing Address
**800 S. NOVA RD. SUITE N
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/11/1995

4. FEI Number

59-3331244

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **800 S. Nova Rd.**

26 **800 S. Nova Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite D**

27 **Suite D**

City & State

City & State

23 **Ormond Beach, FL.**

28 **Ormond Beach, FL**

Zip

Country

Zip

Country

24 **32174**

29 **32174**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARDING, G R SR
800 S. NOVA RD. SUITE N
ORMOND BEACH FL 32174**

81 Name

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

800 S. Nova Road

83 **Suite D**

84 City

Ormond Beach

FL

85 Zip Code

32174

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **HARDING, G.R. SR**

STREET ADDRESS **800 S. NOVA RD. SUITE N**

CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **VPST** ☐ DELETE

NAME **HARDING, RAY JR**

STREET ADDRESS **411 S. SHORE DR**

CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-99 904-676-1130

CR2E034 (11/98)