

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000075668 (0)

1. Corporation Name

STAFSTROM ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2840 ASCOT LANE  
DELTONA FL 32738

2840 ASCOT LANE  
DELTONA FL 32738

3. Date Incorporated or Qualified

09/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 680 SOUTH VOLUSIA AVE.  
Suite, Apt. #, etc.

26 680 SOUTH VOLUSIA AVE.  
Suite, Apt. #, etc.

4. FEI Number

59-3335214

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

22 City & State

23 ORANGE CITY, FL

24 32763

25 VOLUSIA

27 City & State

28 ORANGE CITY, FL

29 32763

30 VOLUSIA

9. Name and Address of Current Registered Agent

STAFSTROM, TERRY C  
2840 ASCOT LANE  
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME STAFSTROM, ARLENE J  
STREET ADDRESS 2840 ASCOT LANE  
CITY- ST- ZIP DELTONA FL 32738

☐ DELETE

TITLE STD  
NAME STAFSTROM, TERRY C  
STREET ADDRESS 2840 ASCOT LANE  
CITY- ST- ZIP DELTONA FL 32738

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE: Terry C. Stafstrom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96 (904) 775-4455

Date

Daytime Phone #

CR2E034 (12/95)