

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000091417 (2)

1. Corporation Name

STAFFORD MANAGEMENT, INC.



Principal Place of Business

Mailing Address

1016 LINGO CIRCLE
WILLA-OAKS
OVIEDO FL 32765

1016 LINGO CIRCLE
WILLA-OAKS
OVIEDO FL 32765

3. Date Incorporated or Qualified

12/01/1995

3a. Date of Last Report (N/A)

Present

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

TIN# 59-335-3521

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

10. Name and Address of New Registered Agent

BURGNER, KARL A PA
1757 WEST BROADWAY STE 4
OVIEDO FL 32765

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

John F. Bergner Attorney at Law / Fern Camel 6/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	BERGNER, JOHN F JR.	
STREET ADDRESS	1016 LINGO CIRCLE	
CITY - ST - ZIP	OVIEDO FL 32765	
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	PRESIDENT/TREAS/DIRECTOR	☐ Change ☒ Addition
1.2 NAME	DR JOHN F BERGNER JR	
1.3 STREET ADDRESS	1016 LINGO CIRCLE	
1.4 CITY - ST - ZIP	OVIEDO, FLORIDA 32765	
2.1 TITLE	V. PRESIDENT/DIRECTOR	☐ Change ☒ Addition
2.2 NAME	JERRY E. BATEMAN	
2.3 STREET ADDRESS	2116 TURNBERRY DRIVE	
2.4 CITY - ST - ZIP	OVIEDO, FL 32765	
3.1 TITLE	Sec./DIRECTOR	☐ Change ☒ Addition
3.2 NAME	PATRICIA A. WARD	
3.3 STREET ADDRESS	9001 NOTCHWOOD COURT	
3.4 CITY - ST - ZIP	OVIEDO, FL 32765	
4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
4.2 NAME	ELA M. BERGNER	
4.3 STREET ADDRESS	1016 LINGO CIRCLE	
4.4 CITY - ST - ZIP	OVIEDO, FL 32765	
5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
5.2 NAME	ELIZABETH A. SHANNON	
5.3 STREET ADDRESS	925 WINDWALK COURT	
5.4 CITY - ST - ZIP	ROSOWELL, GEORGIA 30076	
6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
6.2 NAME	DEBORAH M. TAYLOR	
6.3 STREET ADDRESS	11424 SYMPHONY WOODS LANE	
6.4 CITY - ST - ZIP	SILVER SPRING, MD. 20901	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dr. John F. Bergner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

407-977-8222

407-366-8254

CR2E034 (3/96)