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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 05 1998 8:00am Secretary of State

	1998	The state of the s	DIVISION OF CORPORATIONS				Secretary of State					
<ol> <li>Corporation</li> </ol>	MENT # n Name STOP, INC.	P960000	15357 (	(2)								
Principal Plac	e of Business		Mailing Address				i ikelimmi den ini	a Biiti Bailt Baist i	04111 <b>68181</b> 118	61 BIIBN 11561 8	11)  180  IB1	
1825 S. ADA TALLAHASSE			1825 S. ADAMS ST TALLAHASSEE FL 3									
170000	- 1 C 02001		INCOMINADES IE	2001		_		DO NOT WRIT	E IN THIS	SPACE		
							<ol> <li>Date Incorporate</li> <li>02/19/1996</li> </ol>	ed or Qualified	<del></del>			
2. Principal P	lace of Business	2	2a. Mailing Address				4. FEI Number 59-336447	<del>7</del>		<del></del>	oplied For ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc				5. Certificate of Sta				Additional	
22	···						5. Certificate of Sta	ius Desired		Fee R	equired	
City & State	e	2:	City & State				<ol><li>Election Campai Trust Fund Contr</li></ol>	-			May Be to Fees	
Zip Zip	Co	ountry	Zip	0	ountry		8. This corporation		ىب aid the cur	<u> </u>		
24	25	29	9	30			Personal Propert	•	_		No	
		ddress of Current Reg	gistered Agent				10. Name and Adde	ess of New R	egistered .	Agent		
	RANT, JOHN A				81 Name	CHI	ARLES J.	REED				
2367 CENTERVILLE ROAD					82 Street	Address	(P.O. Box Number	s Not Accepta	ble)	<u></u>		
TALLAHASSEE FL					83	<u>~ 00</u>	o neming	TON GR	BEN .	DOUTH		
										1-27		
					84 City	ALLA	HASSEE		FL	32	Code <b>308</b>	
11. Pursuant	to the provisions of	Sections 607.0502 and both, in the State of Flo. accept the obligations	1 607.1508, Florida S	tatutes, the	above-named	Corpora	ation submits this sta	tement for the	purpose of	changing it	ts registered	
agent. I a	m familiar with, and	accept the obligations	of, Section 607.050	5, Florida Si	tatutes.	ροιαιοπ	s board of directors.	Thereby acce		on unen as	registered	
SIGNATURE	Mule	I name or registered agent and t	7	wor n	ered Agent signature				1/21/	98_		
12,	Signature, typed or printed	OFFICERS AND DIR		TS		e required w	ADDITIONS/CHAN	IGES TO OFFI	CERS AND	DIRECTOR	RS IN 12	
TITLE	D		DELETE	1,1	TITLE				`	Change	Addition	
NAME	SCONYERS,			1,2	NAME							
STREET ADDRESS		RIDGE DRIVE			STREET ADDRESS						İ	
CITY-ST-ZIP	TALLAHASSE	E FL 32312	DELETE		CITY-ST-ZIP	-				Change	Addition	
TITLE NAME			f" Dereie	1	TITLE NAME	SUZA	NNE SCON	HERS		Criange	A Addition	
STREET ADDRESS				1 -	STREET ADDRESS	344	MEADOW	RIPGE 1	DRIVE			
CITY-ST-ZIP				1	CITY-ST-ZIP	TAN	AHASSEG	FL 32	310			
TITLE			☐ DELETE		TITLE					Change	Addition	
NAME				3.2	NAME							
STREET ADDRESS				3,3	STREET ADDRESS							
CITY-ST-ZIP			[ [DELETE		. City-st-zip	<del> </del> -				Change	Addition	
TITLE			T DETELE		TITLE 2 NAME	1				L Change	☐ Addition	
NAME STREET AODRESS					STREET ADDRESS	1						
CITY-ST-ZIP					CITY-ST-ZIP							
TITLE			DELETE		TITLE					Change	Addition	
NAME				5.2	NAME							
STREET ADDRESS				5.3	STREET ADDRESS	[					1	
CITY-ST-ZIP			T t nor ove		CITY-ST-ZIP			<del></del>	· · ·	Change	Ad-2141	
TITLE			☐ DELETE		TITLE NAME					L Change	∐ Addition	
NAME STREET ADDRESS					STREET ADDRESS						-	
CITY-ST-ZIP					CD7-3(-ZIP							
	ertify that the inform	nation supplied with this	s filing does not qual			ed in See	tion 119.07(3)(i), Flo	rida Statutes.	further cer	tify that the	information	

required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or trustee entrowered to execute this report as Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: