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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000036854 (3)

1. Corporation Name
STINGRAY'S II, INC.

Principal Place of Business
100 EAST OHIO AVENUE
DELAND FL 32724

Mailing Address
100 EAST OHIO AVENUE
DELAND FL 32724-3570

3. Date Incorporated or Qualified

04/29/1996

3a. Date of Last Report

NEW

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

MCNEELEY, RONALD W
100 EAST OHIO AVENUE
DELAND FL 32724

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCNEELEY, RONALD W
STREET ADDRESS 100 EAST OHIO AVENUE
CITY-ST-ZIP DELAND FL 32724

TITLE PRESIDENT
NAME MCNEELEY, RONALD W.
STREET ADDRESS 100 EAST OHIO AVENUE
CITY-ST-ZIP DELAND, FL 32724

TITLE SECRETARY
NAME RONALD W. MCNEELEY
STREET ADDRESS 100 E. OHIO AVE
CITY-ST-ZIP DELAND, FL 327

TITLE TREASURER
NAME MCNEELEY, RONALD W.
STREET ADDRESS 100 E. OHIO AVE
CITY-ST-ZIP DELAND, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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.

SIGNATURE:

RONALD W. MCNEELEY
Date 1-24-97 Daytime Phone 1-904-75-4599

CR2E034 (9/96)