

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0102228

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000046751 (9)**

1. Corporation Name  
**STODDARD MANAGEMENT CORPORATION**

FILED

98 AUG 11 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3201 SW 34TH AVE. SUITE 104 OCALA FL 34474</b>	Mailing Address <b>3201 SW 34TH AVE. SUITE 104 OCALA FL 34474</b>
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2. Principal Place of Business 21 <b>2161 S.E. Fort King St</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ocala, FL</b> Zip 24 <b>34471</b> Country 25 <b>MARION</b>	2a. Mailing Address 26 <b>P.O. Box 3084</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ocala, FL</b> Zip 29 <b>34478-3084</b> Country 30 <b>Narion</b>
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3. Date Incorporated or Qualified <b>05/28/1996</b>	4. FEI Number <b>59-3375022</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>STODDARD, JACQUELINE 3201 SW 34TH AVE, SUITE 104 OCALA FL 34474</b>	10. Name and Address of New Registered Agent 81 Name <b>SAME</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2161 S.E. Fort King Street</b> 83 <b>Ocala</b> 84 City <b>FL</b> 85 Zip Code <b>34471</b>
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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. **Director**

SIGNATURE *Jacqueline Stoddard* **Jacqueline Stoddard** **7-7-98**  
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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STODDARD, JOHN R</b>
STREET ADDRESS	<b>3201 SW 34TH AVE, SUITE 104</b>
CITY-ST-ZIP	<b>OCALA FL 34474</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STODDARD, JACQUELINE</b>
STREET ADDRESS	<b>3201 SW 34TH AVE, SUITE 104</b>
CITY-ST-ZIP	<b>OCALA FL 34474</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2161 S.E. Fort King Street</b>
1.4 CITY-ST-ZIP	<b>Ocala, FL 34471</b>
2.1 TITLE	<b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2161 S.E. Fort King Street</b>
2.4 CITY-ST-ZIP	<b>Ocala, FL 34471</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>200002618952--0</b>
3.4 CITY-ST-ZIP	<b>-08/18/98--01050--010</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>****150.00 ****150.00</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE *Jacqueline Stoddard* **7-7-98** **352-732-2600**

CR2E034 (5/98)



2161 S. E. Fort King Street  
Post Office Box 3084  
Ocala, Florida 34478-3084  
(352) 732-2600 Fax (352) 732-5220

August 4, 1998

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314  
**Attention: Mr. Sean Toner**

**Re: FEIN # 59-3375022**  
Stoddard Management Corporation  
1998 Profit Corporation Annual Report

Dear Mr. Toner:

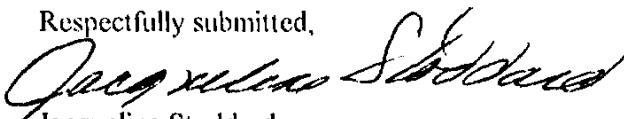
I have included a number of documents for your review and more importantly a copy of the State of Florida letter dated July 20, 1998. I contacted your office and was instructed to direct this letter to your attention.

As you can see my request of waiving the additional monies is quite sincere. My husband and I own a small business with 4 employees and it has always been our custom to make all payments in a timely manner. However, because of the construction of our building and the unfortunate forwarding of mail that was not received at the proper time, I did not make the \$150.00 payment when it was accordingly due. You will notice that upon receipt of the second notice I immediately made payment and provided a letter explaining the reason for the delay. This is obviously a report that is sent to us each year and since we became Stoddard Management towards the end of 1996 we should have been aware that the required form had not been received and contacted your office.

**Physical Address:** 2161 S.E. Fort King St.      **Mailing Address:** P.O. Box 3084  
Ocala, FL 34471      Ocala, FL 34478-3084

I most heartedly request an exception in my filing this form and hope that you can allow me an exception during this time. I do know my responsibility as an employer and the requirement that taxes are paid in a timely manner and realize it was an administrative error on my part and would hope that you will take this into consideration. Your cooperation in reviewing my request is most appreciated.

Respectfully submitted,

  
Jacqueline Stoddard  
CEO/Owner