

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000056852 (2)**

1. Corporation Name
STIMU-PLANT, INC.

Principal Place of Business

**ROUTE 1, BOX 235
ALACHUA FL 32615**

Mailing Address

**ROUTE 1, BOX 235
ALACHUA FL 32615-0046**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

07/01/1996

3a. Date of Last Report

4. FEI Number

59-3398386

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

**CLAIRE, ROERT I
5355 TOWN CENTER ROAD
SUITE 702
BOCA RATON FL 33486**

81 N
82 S
83 —
84 C

10. Name and Address of New Registered Agent

**Scruggs & Carmichael PA
1 SE First Avenue
P.O. Box 23109
Gainesville, Fla. 32601**

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

Steve Chamberlain

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**03-31
03-07-1997**

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **AMERSON, WILLIAM P**
STREET ADDRESS **ROUTE 1, BOX 235**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President-Chad R. Amerson**
1.2 NAME **3205 Briarfield Cove**
1.3 STREET ADDRESS **Bartlett, TN. 38135 (addition)**
1.4 CITY-ST-ZIP

2.1 TITLE **Vice President-Linda E. Amerson**
2.2 NAME **5128 NW 47th Lane**
2.3 STREET ADDRESS **(Gainesville, Fla. 32606) (addition)**
2.4 CITY-ST-ZIP

3.1 TITLE **Secretary-William P. Amerson**
3.2 NAME **5128 NW 47th Lane**
3.3 STREET ADDRESS **(Gainesville, Fla. 32606) (change)**
3.4 CITY-ST-ZIP

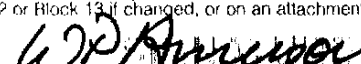
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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:



William P. Amerson

01-07-1997 (904) 46203183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CP2E034 (9/96)