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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Applied For

Not Applicable

(96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076491 (5)

ERIK STOCKER SATELLITE SERVICES. INC.

Principal Place of Business Mailing Address 8427 PRESTON ROAD 8427 PRESTON ROAD BROOKSYILLE FL 34601 BROOKSVILLE FL 34601-5346 3. Date Incorporated or Qualified 3a. Date of Last Report 09/12/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number *59-*3400720 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 X Yes No 30 **Florida Statutes** 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STOCKER, ERICK P Name 8427 PRESTON ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **BROOKSVILLE FL 34601** 83 84 City 85

Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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's gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE X Change Addition 113/03 P/S/T STOCKER, ERIK P NAME 1.2 NAME 8427 PRESTON ROAD STREET ADDRESS 1.3 STREET ADDRESS BROOKSVILLE FL 34801 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELFTE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP ☐ DELE1E 3.11016 Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. City - St - ZiP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELE1E TITLE. 5 1 1IILE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP TITLE DELETE 611011 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY - \$1 - 7(P)

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.