

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90015 022 ***150.00

DOCUMENT # P96000102838

1. Corporation Name

STOLL SETTLEMENT SERVICES, INC.

Principal Place of Business
4220 WEST SWANN AVENUE
TAMPA FL 33609-4300

Mailing Address
4220 WEST SWANN AVENUE
TAMPA FL 33609-4300

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1996

4. FEI Number

59-3418957

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 943 SEDDON COVE WAY
Suite, Apt. #, etc.

2a. Mailing Address

26 943 SEDDON COVE WAY
Suite, Apt. #, etc.

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33602-5705

Country

25 USA

Zip

29 33602-5705

Country

30 USA

9. Name and Address of Current Registered Agent

STOLL, RAY U
4220 WEST SWANN AVENUE
TAMPA FL 33609-4300

10. Name and Address of New Registered Agent

81 Name

RAY U. STOLL

82 Street Address (P.O. Box Number is Not Acceptable)

83 943 SEDDON COVE WAY

84 City

TAMPA

85 Zip Code

FL 33602

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

Ray U. Stoll

1/7/99

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 DP
NAME STOLL, RAY U
STREET ADDRESS 4220 WEST SWANN AVENUE
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME STOLL, RAY U.
1.3 STREET ADDRESS 943 SEDDON COVE WAY
1.4 CITY-ST-ZIP TAMPA, FL 33602-5705

☒ Change ☐ Addition

2.1 TITLE DIRECTOR
2.2 NAME STOLL, SHARON S.
2.3 STREET ADDRESS 943 SEDDON COVE WAY
2.4 CITY-ST-ZIP TAMPA, FL 33602-5705

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Ray U. Stoll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

DATE

(813) 225-2587

Daytime Phone #

CR2E034 (11/98)