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Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000011879 (8)

1. Corporation Name

STENSGAARD, INC.



Principal Place of Business

2322 SW 2ND AVE.
GAINESVILLE FL 32607

Mailing Address

2322 SW 2ND AVE.
GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

59-3425082

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 or has paid the current year intangible
Personal Income Tax ☐ Yes ☒ No

NO TAX OWED FOR 1997
OFFICE NOTIFIED

2. Principal Place of Business

21 818 W. UNIVERSITY AVE

Suite, Apt. #, etc.

22 214

City & State

23 GAINESVILLE, FL

Zip

24 32601

Country

25 ALACHUA

2a. Mailing Address

26 PO BOX 1481

Suite, Apt. #, etc.

27

City & State

28 GAINESVILLE, FL

Zip

29 32602

Country

30 ALACHUA

9. Name and Address of Current Registered Agent

STENSGAARD, WILLIAM H
2322 SW 2ND AVE.
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

SAME

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

1719 NW 23RD AVE

83

APT 1-B

84 City

GAINESVILLE

FL

85 Zip Code

32605

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

William H. Stensgaard

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

(NOTE: Registered Agent Signature required when registering)

WILLIAM H. STENSGAARD

PRESIDENT/REGISTERED AGENT

3/31/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STENSGAARD, WILLIAM H
STREET ADDRESS 2322 SW 2ND AVE.
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D-P-T ☒ Change ☐ Addition

1.2 NAME STENSGAARD, WILLIAM H.
1.3 STREET ADDRESS 1719 NW 23RD AVE, APT 1-B
1.4 CITY-ST-ZIP GAINESVILLE, FL 32605

2.1 TITLE D-S ☐ Change ☒ Addition

2.2 NAME STENSGAARD, ELIZABETH J.
2.3 STREET ADDRESS 1719 NW 23RD AVE, APT 1-B
2.4 CITY-ST-ZIP GAINESVILLE, FL 32605

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 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 H. Stensgaard

PRESIDENT/REGISTERED AGENT

3/31/98 352/374-6889

CR2E034 (10/97)