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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020575 (1)

E.J. STOCKLAND, INC.

FILED
May 07 1998 8:00am
Secretary of State

				-
Principal Place of Business	Mailing Address			-
8545 CESSNA DRIVE NEW PORT RICHEY FL 34654				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 03/06/1997
2. Principal Place of Business 1 /36/6 HITE	28. Mailing Address 26 13616 WHARS RU),		4. FEI Number Applied Fo
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additions Fee Required
City & State Hupsen, FL	Cgy & State 28 HUOSUN, FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 25	29 34/67 30 Co	untry	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent		T		10. Name and Address of New Registered Agent
STOCKLAND, ERIC J		81	Name	
13616 WHITBY RD. HUDSON FL 34667		62	Street Addre	ss (P.O. Box Number is Not Acceptable)
		63		
		84	City	B5 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE 13616 WHITE RD. HUDSON, FC 3466" STOCKLAND, E J 12 NAME 8545 CESSNA DRIVE STREET ADDRESS 13 STREET ADDRESS **NEW PORT RICHEY FL 34654** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ☐ Change Addition 41 THEF 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE NAME 6.2 NAME

1. 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 en analyses.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

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