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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000021215 (3)

STOVER MARKETING & ART. INC.

Principal Place of Business Mailing Address

FILED Jan 29 1998 8:00am Secretary of State



7936 BAYOU CLUB BOULEVARD 7936 BAYOU CLUB BOULEVARD LARGO FL 33777 LARGO FL 33777 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1997 2. Principal Place of Business 2a. Mailing Address El Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 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 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. Yes Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 85 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition STOVER, DEBRA L 1.2 NAME 7936 BAYOU CLUB BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS LARGO FL 33777 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE 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 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 reaeliver 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 applicable of the chapter 607.

SIGNATURE:

(A3)319·244b