

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90072 050 ***150.00

DOCUMENT # P97000023976

1. Corporation Name

STEDMAN MANAGEMENT, INC.

Principal Place of Business

4239 SUNBEAM ROAD
SUITE 3
JACKSONVILLE FL 32257

Mailing Address

4239 SUNBEAM ROAD
SUITE 3
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

59-3497190

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 4918 Sunrise Creek Ct

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip

24 32258

25

Country

2a. Mailing Address

26 4918 Sunrise Creek Ct

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32258

30

Country

9. Name and Address of Current Registered Agent

BRIGGS, KATHLEEN
4239 SUNBEAM ROAD
SUITE 3
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

STEDMAN, KATHLEEN

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

4918 Sunrise Creek Ct

83

84 City

JACKSONVILLE

FL

85 Zip Code

32258

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

Kathleen Stedman

KATHLEEN STEDMAN

4/12/99

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

D
NAME
BRIGGS, KATHLEEN
STREET ADDRESS
4239 SUNBEAM ROAD
CITY-STATE-ZIP
JACKSONVILLE FL 32257

☒ DELETE

TITLE

DPST
NAME
STEDMAN, KATHLEEN
STREET ADDRESS
4918 Sunrise Creek Ct.
CITY-STATE-ZIP
JACKSONVILLE, FL 32258

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐

Change

☐

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐

Change

☒

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐

Change

☐

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐

Change

☐

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐

Change

☐

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Kathleen Stedman KATHLEEN STEDMAN

4/12/99

904 386-0401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)