


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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000063574 (2)

1. Corporation Name

STAT RESULTS, INC.

Principal Place of Business

Mailing Address

1843 CLEARBROOKE DR
CLEARWATER FL 33760

1843 CLEARBROOKE DR
CLEARWATER FL 33760

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1997

2. Principal Place of Business

2a. Mailing Address

21 1843 Clearbrooke Dr.

26 1843 Clearbrooke Dr.

4. FEI Number
59-3463519 180112

Applied For
Not Applicable

22 Clearwater, fl. 33760

27 Clearwater, fl. 33760

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip 33760

Country USA

29 Zip 33760

Country USA

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

10. Name and Address of New Registered Agent

SHELLY, REBECCA D
1843 CLEARBROOKE DR
CLEARWATER FL 33760

81 Name Rebecca D. Shelly

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

1843 Clearbrooke Dr.

83 Clearwater

84 City

FL

85 Zip Code 33760

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

Thomas E. Shelly

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SHELLY, REBECCA D
STREET ADDRESS 1843 CLEARBROOKE DR
CITY-ST-ZIP CLEARWATER FL 33760

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME SHELLY, THOMAS E
STREET ADDRESS 1843 CLEARBROOKE DR
CITY-ST-ZIP CLEARWATER FL 33760

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Thomas E. Shelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/98

Date

813-395-6442

Daytime Phone 0096556

CR2E034 (10/97)