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 # P9700068898 (0)

STANLEY TECHNOLOGY, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place		Mailing Address		
5803 CASSIA DRIVE 5803 CASSIA DRIVE				•
FORT PIERCE	: FL 34962	FORT PIERCE FL 34982		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/08/1997
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 8454	5. US HWY 1	26 8454 5.	US HWY	66-0773408 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired Section Section Section Sectio
22		27		Fee Required
City & State	St. Lucie, FL	City & State	,	6. Election Campaign Financing \$5.00 May Be
		28 Port St. C	acie, -L	
Zip 349.	52 Country 45A	Zip 34952	Country US	8. This corporation owes or has paid the current year Intangible
24 349.	0. Name and Address of Current	Peopletered Agent	0]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FARRELL RICKEY L 51 Name				
1595 S.E. PORT ST. LUCIE BOULEVARD				
PORT ST. LUCIE FL 34952 82 Street Address (P.O. Box Number is Not Acceptable)				
83				
			64 City	FL 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 their applicable (NOTE Registered Agent signature required when reinstating) DATE				
12.	OFFICE RS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	STANLEY, KENNETH A	C DECERE	1.1 TITLE	C. Crange C. Audinon (
NAME	5803 CASSIA DRIVE		1.2 NAME	
STREET ADDRESS	FORT PIERCE FL 34982	j	1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	D
NAME	STANLEY, JOHN H JR.	Botte	2.2 NAME	Ep onlings C Fraction
	5803 CASSIA DRIVE		2.2 NAME 2.3 STREET ADDRESS	7291 SE 8+h St
STREET ADDRESS	FORT PIERCE FL 34982			Okeechobee, FL 34974
CITY-ST-ZNP TITLE	1011112121202	DELETE	2.4 CHY-ST-ZIP 3.1 TITLE	D C Change Addition
NAME		D Metric	3.2 NAME	vannon C. Stanley
STREET ADORESS			3.3 STREET ADDRESS	899 E. Weather bee Road
CITY-ST-ZIP			34. CITY-ST-ZIP	Ft. Pierce FL 34982
TITLE		DELETE	4.1 TITLE	I I Channe DZI Addition 1
NAME			4. 2 NAME	Fore, Frank 250 Tequesta Drive Suite 302
STREET ADDRESS			4.3 STREET ADDRESS	250 Tequesta Drive Suite SOL
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP	Tequesta FL 33469
TITLE		☐ DELETE	5.1 TITLE	Channe M Addition
NAME			5.2 NAME	Farrell, Rickey L. 1595 SE Port St Lucie Bird
STREET ADDRESS			5 3 STREET ADDRESS	1595 SE Port St Lucie BIVD
City-St-ZIP			5.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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				

s and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: