May 10, 1999 8:00 am Secretary of State

05-10-1999 90066 029 \*\*\*150.00

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000073962

1, Corporation Name

Principal Place of Business

STEADFAST ADVANCEMENT, INCORPORATED

| 1905 OAKWALD DRIVE<br>BRANDON FL 33511-6350   |  | 1805 OAKWALD DRIVE<br>BRANDON FL 33511-6350 |                    |            | DO NOT WRI                  | TE IN THIS S                                     | PACE         |          |              |
|---|--|---|--------------------|------------|-----------------------------|--|--------------|----------|--------------|
|   |  |   |                    |            | 3                           | 3. Date Incorporated or Qualifed 08/26/1997      |              |          |              |
| 2. Principal Pla  | ace of Business                                      | 2a. Mailing Address                         |                    |            |                             | , FEI Number                                     |              | <u> </u> | died For     |
| 21  |  | 26  |                    |            |                             | 59-3464494                                       |              |          | Applicable   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                         |                    |            | 5                           | 5. Certifcate of Status Desired                  |              | \$8.75 A |              |
| City & State  |  | City & State                                |                    | - 6        | Election Campaign Financing |  | \$5.00       | May Be   |              |
|   |  | 28  |                    |            | Trust Fund Contribution     |  | Added to     | Fees     |              |
| Zip   | Country  | Zip   |                    |            | 8                           | <ol><li>This corporation owes the curr</li></ol> |              |          |              |
| 24  | 25   | 29 30                                       | <u> </u>           |            |                             | Personal Property Tax.                           |              |          | □No          |
|   | 9. Name and Address of Current                       | Registered Agent                            | 81                 | Lilan      |                             | Name and Address of New F                        | registered A | gent     |              |
| DIRR  | LE, WILLIAM I  |   | 01                 | Nan        | me                          |  |              |          |              |
|   | OAKWALD DRIVE  |   | 82 Street Ad       |            | eet Address                 | (P.O. Box Number is Not Accepta                  | able)        |          |              |
| BRAN  | NDON FL 33511-6350                                   |   | 83                 |            |                             |  |              |          |              |
|   |  |   | 84                 | City       | у                           |  | FL           | 85 Zip C | ode          |
| 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 (NOTE: Re           | gistered Age       | nt signati | ture required wher          | n reinstating)                                   | DATE         |          | <u> </u>     |
| 12.   | OFFICERS AND   |   | 13.                |            |                             | ADDITIONS/CHANGES TO OF                          | FICERS AND   | DIRECTO  | RS IN 12     |
| TITLE   | D  | ☐ DELETE                                    | 1.1 TITLE          |            |                             |  |              | Change   | Addition     |
| NAME  | DIBBLE, WILLIAM I                                    |   | 1.2 NAME           |            |                             |  |              |          | }            |
| STREET ADDRESS  | 1805 OAKWALD DRIVE                                   |   | 1.3 STREE          | T ADDRE    | ESS                         |  |              |          |              |
| CITY-ST-ZIP   | BRANDON FL 33511-6350                                |   | 1.4 CITY-5         | ST-ZIP     |                             |  |              |          |              |
| TITLE   | D  | ☐ DELETE                                    | 2.1 TITLE          |            |                             |  |              | Change   | ☐ Addition   |
| NAME  | DIBBLE, DORIS M                                      |   | 2.2 NAME           |            |                             |  |              |          |              |
| STREET ADDRESS  | AGOF CARMAN D DONE                                   |   | 2.3 STREET ADDRESS |            | ESS                         |  |              |          | 1            |
| CITY-ST-ZIP   | BRANDON FL 33511-6350                                |   | 2. 4 C/TY-         | ST-ZIP     |                             |  |              |          |              |
| TITLE   |  | ☐ DELETE                                    | 3.1 TITLE          |            |                             |  |              | Change   | Addition     |
| NAME  |  | ı   | 3.2 NAME           |            |                             |  |              |          | ļ            |
| STREET ADDRESS  |  |   | 3.3 STREE          | TADDRE     | ESS                         |  |              |          |              |
| CITY-ST-ZIP   |  |   | 3.4. CITY-         | ST-ZIP     | <u> </u>                    |  |              | Change . | Addition     |
| TITLE   |  | ☐ DELETE                                    | 4.1 TITLE          |            |                             |  |              | Change   | ☐ Addition   |
| NAME  |  |   | 4. 2 NAME          |            |                             |  |              |          |              |
| STREET ADDRESS  |  |   | 4.3 STREE          | T ADORE    | ESS                         |  |              |          | 1            |
| CITY-ST-ZIP   |  |   | 4.4 CITY-5         | ST-ZIP     |                             |  |              | Channa   | - Addition   |
| TITLE   | •  | ☐ DELETE                                    | 5.1 TITLE          |            |                             |  |              | Change   | ☐ Addition { |
| NAME  |  |   | 5.2 NAME           |            |                             |  |              |          | -            |
| STREET ADDRESS  |  |   | 5.3 STREE          |            | ESS                         |  |              |          |              |
| CITY-ST-ZIP   |  |   | 5.4 CITY-5         | ST-ZIP     |                             |  |              | Change   | Addition     |
| TITLE   |  | ☐ DELETE                                    | 6.1 TITLE          |            |                             |  |              | 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

8132703567