

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000079457 (2)  
1. Corporation Name

STUTZMAN GROUP, INC.

Principal Place of Business

19135 US 19 N G-16  
CLEARWATER FL 33764

Mailing Address

19135 US 19 N G-16  
CLEARWATER FL 33764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

59-3469878 231512

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 3165 HOMER ST

Suite, Apt. #, etc.

22 Suite C

City & State

23 Clearwater Fla

Zip

24 33760

Country

25 Pinellas

2a. Mailing Address

26 3165 HOMER ST

Suite, Apt. #, etc.

27 Suite C

City & State

28 Clearwater Fla

Zip

29 33760

Country

30 Pinellas

9. Name and Address of Current Registered Agent

STUTZMAN, TOD A  
19135 US 19 N G-16  
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name TOD A STUTZMAN

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

3165 HOMER ST Suite C

83

84 City CLEARWATER

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 TOD ALAN STUTZMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/6/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME STUTZMAN, TOD A  
STREET ADDRESS 19135 US 19 N G-16  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME 3165 HOMER ST Suite C

1.3 STREET ADDRESS Clearwater, Fla

1.4 CITY-ST-ZIP 33760

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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: TOD ALAN STUTZMAN 7/6/98 98 530

FILED  
Jul 23 1998 8:00am  
Secretary of State



CR2E034 (5/98)