Applied For

\$8.75 Additional

Fee Required

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 03, 1999 8:00 am Secretary of State

05-03-1999 90071 007 ***150.00

DOCUMENT # P9800009630

STALLINGS INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address				
1309 ST JOHNS BLUFF RD N. STE 4 JACKSONVILLE FL 32225	1309 ST JOHNS BLUFF RD N. STE 4 JACKSONVILLE FL 32225				
2. Principal Place of Business	2a. Mailing Address				

Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State

DO NOT	WRITE	IN THIS	SPACE

3. Date Incorporated or Qualifed

59-3488351

5. Certifcate of Status Desired

01/29/1998 4. FEI Number

 1		11			_						
City & Sta	te	28	City & State				6. Election Campaig Trust Fund Contri	_			May Be to Fees
Zip	Country		Zip	Country	У		8. This corporation of	wes the curre	nt year Int	angible	
24	25	29	3	0			Personal Property			☐Yes	MNo
	9. Name and Address of Current i	Regis	tered Agent				10. Name and Addre	ss of New Re	gistered	Agent	
			•	81	١Į	Name					
	ELY, LOWELL V			82	+	Street Address	ss (P.O. Box Number is	Not Acceptab	de)		
	9 ST JOHNS BLUFF RD N, STE 4			"	1	0	,		,		
JAC	KSONVILLE FL 32225			83	3						
				84	+	C'h.	~ ~~~~~~~~~~~~	 		85 Zip	Code
	,			84	•	City			FL	. 65 210	0000
11 Pursuant	t to the provisions of Sections 607.0502	and 6	07.1508, Florida Statutes	the abov	ve-	-named corpor	ation submits this state	ment for the p	urpose of	changing it	s registered
office or	registered agent or both in the State of	Florid	la. Such change was auti	honzed by	v tr	he corporation	's board of directors. I	hereby accept	the appoi	ntment as r	egistered
agent. I a	am familiar with, and accept the obligatio	ns ot,	Section 607.0505, Florid	a Statutes	s.						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title	if applicable /NOTE: R	Registered Age	ent	signature required v	when reunstating)		DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHAN	GES TO OFF	ICERS AN	ID DIRECT	ORS IN 12
TITLE	Posident		☐ DELETE	1.1 TITLE		······································				☐ Change	Additio
NAME	Proside & Stallings	<u> </u>		1.2 NAME							
STREET ADDRESS	marka D. Stallings			1.3 STREE	ET/	ADDRESS		•			
CITY-ST-ZIP	JAP. PL 32225			1.4 CITY-5	ST-	-ZIP					
TITLE	Die's		☐ DELETE	2.1 TITLE	_					Change	☐ Additio
NAME	PACKS STOUNGS			2.2 NAME							_
_STREET ADDRESS	The state of the s			. 2.3 STREE	ET/	ADDRESS					·
	200 CL 32225			2. 4 CITY-		1 -					
CITY-ST-ZIP			☐ DELETE	3.1 TITLE						Change	Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE		ADDRESS					
CITY-ST-ZIP	1			3.4. CITY-							
TITLE			☐ DELETE	4.1 TITLE		_				Change	Additio
NAME				4. 2 NAME	Ξ						
STREET ADDRESS				4.3 STREE		ADDRESS					
CITY-ST-ZIP	1			4.4 CITY-5						•	
TITLE	 		☐ DELETE	5.1 TITLE	_					Change	Additio
NAME	1			5.2 NAME							
STREET ADDRESS				5.3 STREE	ET /	ADDRESS					
STATE OF THE	1			5.4 CITY-5	ST-	- Z!P					

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 ecoporation 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Addition