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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000012256

1. Corporation Name

STAUB & ASSOCIATES, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90011 016 ***150.00



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Principal Place	e of Business	Mailing Address				f 18 8658 84 fræ 18 mil mant søtti om		Elina anti iddi	
7402 RAY GLENN CIR. STE 200		7402 RAY GLENN CIR. STE 200			l				
PANAMA CITY FL 32404		PANAMA CITY FL 32404				DO NOT WRITE IN THIS SPACE			
					}		1 THIS SPACE		1
	•				ł	3. Date Incorporated or Qualifed			Į
		On Maritim Address				02/05/1998 4. FEI Number		plied For	ł
	lace of Business	2a. Mailing Address				54-3497609	<u> </u>	t Applicable	ł
Suite Ant # sto		Suite, Apt. #, etc.				<u> </u>	\$8.75		1
Suite, Apt. #, etc.		27			1	5. Certificate of Status Desired	Fee Re		
22 City & Stat		City & State				6. Election Campaign Financing	\$5:00	May Ra	==
23		28			_ [Trust Fund Contribution	Added t		l
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	25	29	•	Personal Property Tax.		□No	1		
	9. Name and Address of Current					10. Name and Address of New Regi	stered Agent		
				81 Name	hor	t H. Hinson			
WILL		82 Street	Der	s (P.O. Box Number is Not Acceptable)			1		
502	HARMON AVE			29 E	ast	Fifth Street		ı	ļ
PAN	AMA CITY FL 32401			83				·	Ì
	•			-			as 7: c	Se do	ļ
				84 City	ma	City	FL 85 Zip (
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove-named	corpora	etion submits this statement for the pure	ose of changing its	registered	1
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was au	thorized	by the corpo	oration'	s board of directors. I hereby accept the	appointment as re	gistered	
	m jamigar with, and accept the obligation	L	da Olali	ates.		2//	1/49		
SIGNATURE	Stgnature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signature r	w beniupe	hen reinstating)	AF 1-1		ءَ ا
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			ő
TITLE	D	☐ DELETE	1.1 ∏	ILE	P		Change	☐ Addition	Ė
NAME	STAUB, JOHN WILLIAM II		1.2 N	WE]				} 5
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CITY-ST-ZIP	PANAMA CITY FL 32404		1.4 CF	TY-ST-ZIP] 6
TITLE	D	☐ DELETE	2.1 17	rle .	TIS	5	Change	☐ Addition	١
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NAME	****		3.2 N	AME					
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CITY-ST-ZIP			5.4 CI	TY-ST-ZIP	}				}
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NAME			6.2 N	AME .					1
STREET ADDRESS			6.3 ST	REET ADDRESS	\				1
CARLL PEDICOS				T. OT 710					ĺ

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. The property of the corporation of 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.

ETUINION W. STOUB I