Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Ž Yes

Not Applicable

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 # P98000021176

1. Corporation Name

24

STILLWELL, VAN HORN & ASSOCIATES, INC.

Mailing Address
3014 ESTRELLA ST. SUITE 100 TAMPA FL 33629

26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 23 28 Zip

Country Country Zìp 30 29 9. Name and Address of Current Registered Agent

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90198 033 ***150.00



DO NOT WRITE IN THIS SPACE

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

03/03/1998

220 SOUTH FRANKLIN ST TAMPA FL 33602			82	Street Address (P.O. Box Number is Not Acceptable)					
			83	***				_	
					and the second s	1221	7: 0		
			84	City	FL	85	Zip C	ode	
office or r	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of, Section	i change was autho	rized by	the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoil	chang ntment	ng its r as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Rec	stered Apen	t signature r	required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS		13.	. signatoro /	ADDITIONS/CHANGES TO OFFICERS AN	D DIR	ECTOR	RS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE			☐ Ct		Addition	
NAME	PANIEL L. VAN HOM P.O. BOX 858	·	1.2 NAME	-					
STREET ADDRESS	P.O. BOX 858		1.3 STREET	ADDRESS					
CITY-ST-ZIP	LITHIA,FL 33547		1.4 CITY-ST	-ZiP					
TITLE	VICE President	DELETE	2.1 TITLE			Ci	ange	☐ Addition	
NAME	John STILLWELL		2.2 NAME						
STREET ADDRESS	1808 Heather Ave.		2.3 STREET	ADDRESS					
CITY-ST-ZIP	TAMP9, FL 33612		2, 4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE			CI	ange	☐ Addition	
NAME	•		3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				······································	
TITLE		☐ DELETE	4.1 TITLE			C	ange	☐ Addition	
NAME	•	,	4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP ·			4.4 CITY-ST	-ZIP					
TITLE	,	☐ DELETE	5.1 TITLE			□ ¢	ange	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	-ZIP					
TITLE		☐ DELETE	6.1 TITLE			C	ange	☐ Addition	
NAME		ŀ	6.2 NAME						
STREET ADDRESS		1	6.3 STREET	ADDRESS	,				
CITY-ST-ZIP			6.4 CITY-S						
14. I hereby of	certify that the information supplied with this filing doe	s not qualify for the	exempti	on stated	d in Section 119.07(3)(i), Florida Statutes. I further cer lature shall have the same legal effect as if made und	tify tha er oath	t the in that I	formation. am an	

Name

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same regained as it made and 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.