

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90192 003 ***150.00

DOCUMENT # P98000071458

1. Corporation Name
STORMANT & LYONS, INC.



Principal Place of Business
1590 PALM AVE.
JACKSONVILLE FL 32207

Mailing Address
1590 PALM AVE.
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1998

4. FEI Number

59-3528005

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21. 6012 San Jose Blvd
Suite, Apt. #, etc.

22. City & State
23. JACKSONVILLE FL

24. 32217 25. U.S.

2a. Mailing Address

26. 6012 San Jose Blvd
Suite, Apt. #, etc.

27. City & State
28. JACKSONVILLE FL

29. 32217 30. U.S.

9. Name and Address of Current Registered Agent

STORMANT, G. AARON
1590 PALM AVE.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81. Name
Stormant, G. Aaron
82. Street Address (P.O. Box Number is Not Acceptable)
1336 Woodward Ave
83.
84. City Jacksonville FL 85. Zip Code 32207

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME STORMANT, GREGORY A
STREET ADDRESS 1590 PALM AVE.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE
NAME STORMANT, MARGARET M
STREET ADDRESS 1590 PALM AVE.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE
NAME LYONS, MICHAEL J
STREET ADDRESS 2934 PRINCETON AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ DELETE
NAME LYONS, DIANNE E
STREET ADDRESS 2934 PRINCETON AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210

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 ☒ Change ☐ Addition
1.2 NAME Stormant, Gregory A
1.3 STREET ADDRESS 1336 Woodward Ave.
1.4 CITY-ST-ZIP Jacksonville, FL 32207

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Stormant, Margaret M.
2.3 STREET ADDRESS 1336 Woodward Ave.
2.4 CITY-ST-ZIP Jacksonville, FL 32207

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(1)(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.

SIGNATURE: Maggie Stormant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (904)399-3888
Date anytime Phone #

CR2E034 (11/98)