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 # P98000098962

1. Corporation Name

STAFFORD/DEMARCO, INC.

OTH TOTO/DENERTOO, INO.	
Principal Place of Business	Mailing Address
2569 COUNTRYSIDE BLVDSTE.7A CLEARWATER FL 33761	2569 COUNTRYSIDE BLVDSTE.7A CLEARWATER FL 33761

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90164 043 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/23/1998 Number 3544905 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes the current year Intangible □No ☐ Yes 25 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent COSNOW, JEFFREY E Street Address (P.O. Box Number is Not Acceptable) 82 3450 EAST LAKE RD. PALM HARBOR FL 34685 83 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required wi Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE 1.1 TITLE TITLE DEMARCO, DAVID 1.2 NAME NAME 2569 COUNTRYSIDE BLVD..STE.7A 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33761** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE Change DCEO TITLE DREW, BEVERLY 22 NAME NAME 2569 COUNTRYSIDE BLVD., STE.7A 2.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33761 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE vpst 3.1 TITLE DREW, BEVERLY 3.2 NAME NAME 2569 COUNTRYSIDE BLVD., STE. 7A 3.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33761** CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this ting 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 frue 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 of 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:

SIGNATURE AND TYPED

127-786-8663

CR2E034 (11/98)