

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Armstrong
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:19

DOCUMENT # S01130

(1)

1. Corporation Name

STOJKIC & ASSOCIATES, INC.

Principal Place of Business

1517 COMMERCIAL PARK DR
LAKELAND FL 33801

Mailing Address

1517 COMMERCIAL PARK DR
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/19/1980

3a. Date of Last Report

04/12/1994

4. FEI Number

65-0222984

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 7762 MERRILY WAY

2a. Mailing Address

25 7762 MERRILY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 LAKELAND, FL.

27 City & State

28 LAKELAND, FL.

Zip

24 33801

Country

25 FLA

Zip

29 33801

Country

30 FLA

9. Name and Address of Current Registered Agent

STOJKIC, T. J.
1517 COMMERCIAL PARK DR
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 7762 MERRILY WAY

84 City

LAKELAND

FL

85 Zip Code

33801

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

T.J. Stojkic

(NOTE: Registered Agent signature required when registering)

3/29/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STOJKIC, THOMAS J
STREET ADDRESS	7762 MERRILY WAY
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	STOJKIC, MARY C
STREET ADDRESS	7762 MERRILY WAY
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 or both, or in an attachment with an address.

SIGNATURE:

T.J. Stojkic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95

(Date)

(Signature of Agent)