

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S01130

(1)

1. Corporation Name

STOJKIC & ASSOCIATES, INC.



Principal Place of Business

7762 MERRILY WAY
LAKELAND FL 33809
US

Mailing Address

7762 MERRILY WAY
LAKELAND FL 33809
US

2. Principal Place of Business

2a. Mailing Address

21 7248 SW 115th Place

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ocala, FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 34481

25 MAJOR

29

30

g. Name and Address of Current Registered Agent

STOJKIC, T. J.
7762 MERRILY WAY
LAKELAND FL 33809

3. Date Incorporated or Qualified
09/19/1990

3a. Date of Last Report
04/03/1995

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 ☒

10. Name and Address of New Registered Agent

81 Name

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

7248 S.W. 115th Place

83

84 City

Ocala

FL

85 Zip Code

34481

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 is required on this form)

(DATE)

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96

Date

Daytime Phone #

CR2E034 (12/95)