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 # **S17756** **(5)**

1. Corporation Name

STAFFORD & STAFFORD INCORPORATED

Principal Place of Business	Mailing Address
9951 ATLANTIC BLVD. 301 JACKSONVILLE FL 32225 US	2540 EASTILL DR ~~301~~ JACKSONVILLE FL 32211 US

3. Date Incorporated or Qualified: 11/28/1990	3a. Date of Last Report: 02/15/1995
4. FEI Number: 59-3044042	☐ 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	2a. Mailing Address
21	26 2540 Eastill Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Jacksonville, FL
Zip 24 / Country 25	Zip 29 32211 / Country 30 Duval

9. Name and Address of Current Registered Agent

STAFFORD, ERMA F.
2540 EASTILL DR.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	DP	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, RONALD C.		2 NAME	
STREET ADDRESS	2540 EASTILL DR		3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4 CITY-ST-ZIP	
TYPE	DVP	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, ROSANA F.		2 NAME	
STREET ADDRESS	2540 EASTILL DR		3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4 CITY-ST-ZIP	
TYPE	DS	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, ERMA F.		3 NAME	
STREET ADDRESS	2540 EASTILL DR.		3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4 CITY-ST-ZIP	
TYPE	DT	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, SAMUEL C.		4 NAME	
STREET ADDRESS	2540 EASTILL DR.		4 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4 CITY-ST-ZIP	
TYPE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TYPE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 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 119.07(3)(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 added by an attachment with an address.

SIGNATURE: Erma T. Stafford Erma Stafford 1/30/96 904-725-9935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)