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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #
1. Corporation Name S22373

(2)

SUSAN L. STOCKHAM, P.A.

Principal Place of Business	Mailing Address	
2520 S. Tamiami Trail Sarasota Fl 34239	2520 S. TAMIAMI TRAIL SARASOTA FL 34239	

					L	
					3. Date Incorporated or Qual-fied 12/31/1990	3a. Date of Last Report 06/09/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number 65-0235797	Applied For
Suite, Apt.	t ato	26 Suite Act to ote	·································		007023018/	Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ <b>29</b>	Gountr 30	y	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New I	Registered Agent
			81	Name		
STOCKHAM, SUSAN L 1126 TARA VISTA			82	82 Street Address (P.O. Box Number is Not Acceptable)		
SARASO	OTA FL 34237		83			
			84	City		FL 85 Zip Code
familiar wit	ed agent, or both, in the State of Florish, and accept the obligations of, Sect	id Such Change was authori on 607.0505, Florida Statute	zed by the con	oralion's boa	oration submits this statement for the purific of directors. Thereby accept the appropriate a statement of directors.	inpose of changing its registered only continuent as registered agont. I am
12.	OFFICERS AN:		13	e e e di sec secietation	ADDITIONS/CHANGES TO OFF	
TITLE	P	DELETE	1 1 True		1.20110113.01240101011	Change Addition
NAME	STOCKHAM, SUSAN, L		1.2 NAME			
STREET ADDRESS	1126 TARA VISTA		1.3.51488	1 ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34237		1.4 CiTY	ST - ZIP		
TiTLE	, ,	☐ DELFT <del>E</del>	2 1 ToTLE			☐ Change ☐ Addition
NAMÉ			2.2 NAME			
STREET ADDRESS			2.3 STREE	LADOFESS		
CITY-ST-ZIP		Fig. Day of the	2 4 City -	\$1 - Z)F		
TITLE		DELETE	3 1 1111,6			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				: ADDRESH		
CITY - ST - ZIP TITLE	W	DELETE	3.4 CITY - 4.1 TULE	ST-21P		
NAME		pricit	4 1 10 LE 4 2 NAME	ĺ		Change Addition
STREET ADDRESS				LADDRESS		
CITY-ST-Z:P			4.4 CITY -:	1		
TITLE		DELETE	5 1 1/1 F	21:71		Charge Addition
NAME		<b>L</b> -7	5.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			5.4 C-TY-1	1		
TITLE		☐ DELETE	6 1 T-TLE			Change Addition
NAME			6.2 NAME			<u> </u>
STREET ADDRESS			63 STREE	ADDRESS		
CITY - ST - ZIP			6.4 CITY - 1	ST - ZIP		

14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.C7(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 office to director of the concentration or the receiver or trusted en powered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Ricca 13 if changed, & Aufurn 11 in hereby some analyses.

SIGNATURE: