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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S61692 1. Corporation Name

STEBIL CORP. Principal Place of Business Mailina Address

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90008 005 ***150.00



Frincipal Flac	e or positiess	. Walling Madress						
192 WADLEIGH HILL RD NORTH SUTTON NH 03260		192 WADLEIGH HILL RD NORTH SUTTON NH 03260			DO NOT WRIT	TE IN THIS SPACE		
			•		3. Date Incorporated or Qualifed			1
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					06/21/1991			1
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	يو ا	
21		26	26		65-0869416	. 🔲	Not Applicable	1 7
Suite, Apt.	#, etc.	Suite, Apt. #, etc).			\$8.7 <u>\$</u>	Additional	1 6
22		27	27		Certificate of Status Desired	1 1	Required	
City & Stat		City & State			6 Flatin Camping Financing		0	1
-	e	- ·			6. Election Campaign Financing		O·May Be d to Fees	
23	·	28			Trust Fund Contribution		a to rees	┨
Zip	Country	Zip	Count	гу	This corporation owes the curre	-	-	
24	25	29	30		Personal Property Tax.	☐ Yes	□No	-
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	Registered Agent		1
•			8	1 Name				-
COL	JSE, E.G.		<u> </u>		(2.0. 2.)	11.3	**	┨ .
2135 COTTAGE ST		82 Street A		2 Street Add	Address (P.O. Box Number is Not Acceptable)			
	MYERS FL 33901		8		24.2 (3.3) (3.4) (3.5) (4.5)	en der Berter Green Francisco	(1 61% Line 33)	┨
FIR	MIERO FE 33901		8	3	- 1967年時間提供機構			
			8	4 City	변경로 경기되는 별기 구성을 함께 되고 있다. 기계에서 대한 기계를 하는 기계를 하는 것이 되었다.	18 12 85 Zi	p Còde	1
				,		FL!"	•	
11 Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida S	Statutes, the abo	ve-named corr	poration submits this statement for the	purpose of changing	its registered	1
office or r agent. I a	egistered agent, or both, in the Stammiliar with, and accept the ob-	ate of Florida. Such change v ligations of, Section 607.0505	was authorized b 5, Florida Statute	y the corporations.	poration submits this statement for the ion's board of directors. I hereby accept	ot the appointment as	registered	Ì
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Ag		ed when reinstating). *	DATE] á
			(NOTE: Registered Ag		ed when reinstating). *!: ; } ADDITIONS/CHANGES TO OFF		TORS IN 12	(80)
12.	OFFICERS	agent and title if applicable. AND DIRECTORS	13.	gent signature require	ADDITIONS/CHANGES TO OFF			11/00)
12.	OFFICERS PD	AND DIRECTORS	13.	gent signature require		FICERS AND DIREC		1.(11.08)
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14. I hereby certify that the information supplied with this filing 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 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE