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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S73238** (5)
1. Corporation Name
STADRI, INC.

Principal Place of Business

**8620 OLD PLANK RD
JACKSONVILLE FL 32220
US**

Mailing Address

**P.O. BOX 61173
JACKSONVILLE FL 32236-1173
US**



2. Principal Place of Business
21 **1427 BEACH WALKER**
Suite, Apt. #, etc.
22 **1427**
City & State
23 **AMELIA IS. FL.**
Zip Country
24 **32034** 25 **NASSAU**

26. Mailing Address
26 **SAME**
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29
30

3. Date Incorporated or Qualified **08/14/1991**
3a. Date of Last Report **05/01/1996**
4. FEI Number **59-3085287** 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

**BUSCHMAN, ALBERT E JR
2215 S THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250**

81 Name **SAME**
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	KELLY, JOHN W	1427 BEACHWALKER	AMELIA ISLAND FL	☐
D	PERK, JOSEPH H	144 SAHG BARK DRIVE	ROCHESTER MI	☐
D	FLOOD, THOMAS D	9984 HAWTHORNE GLEN DR	GROSSE, ILE, MI	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

14. I do 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 13 if changed, or on an attachment with an address.

SIGNATURE **John W Kelly** 4/3/97

CR2E034 (9/96)