

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

FILED
May 20 1996 8:00 am
Secretary of State

DOCUMENT # V38413 (3)

1. Corporation Name

STETSON & ASSOCIATES, INC.



Principal Place of Business

9819 SIR FREDERICK ST.
TAMPA FL 33637

Mailing Address

9819 SIR FREDERICK ST.
TAMPA FL 33637

3. Date Incorporated or Qualified
05/01/1992

3a. Date of Last Report
10/05/1995

2. Principal Place of Business

21 8714 ORANGE OAKS CIR

2a. Mailing Address

26 P.O. Box 16308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 TAMPA, FL

24 Zip Country

25 33637

27 City & State

28 TAMPA, FL

29 Zip Country

30 33687-6308

4. FEI Number

59-3180859

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

9. Name and Address of Current Registered Agent

STETSON, REGINA
9823 SIR FREDERICK ST.
TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name

DALE K. MARTIN

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

9823 SIR FREDERICK ST.

83

84 City

TAMPA

FL

85 Zip Code

33637

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

Dale K. Martin

DALE K. MARTIN

5/15/96

Signature typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent's signature required when not dating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STETSON, DANIEL E	
STREET ADDRESS	9819 SIR FREDERICK STREET	
CITY-STATE-ZIP	TAMPA FL 33637	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STETSON, REGINA	
STREET ADDRESS	9819 SIR FREDERICK STREET	
CITY-STATE-ZIP	TAMPA FL 33637	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTIN, DALE K	
STREET ADDRESS	9823 SIR FREDERICK ST.	
CITY-STATE-ZIP	TAMPA FL 33637	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(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: Dale K. Martin DALE K. MARTIN 5/15/96 (83)985-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)