

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V44516**

(5)

1. Corporation Name

STALLWORTH DEVELOPMENT, INC.



Principal Place of Business

**5021 HWY. 98, E.
DESTIN FL 32541
US**

Mailing Address

**5021 HWY. 98, E.
DESTIN FL 32541
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BLUE, ROB, JR.
221 MCKENZIE AVE.
PANAMA CITY FL 32401**

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 607.08(4) and 607.15(4), 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.08(4), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE **DPS**
NAME **HOWARD, JAMES KEITH**
STREET ADDRESS **5021 HWY. 98, E.**
CITY, ST, ZIP **DESTIN FL**

☐ DELETE

TITLE
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CITY, ST, ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 CITY, ST, ZIP

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 CITY, ST, ZIP

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 CITY, ST, ZIP

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 CITY, ST, ZIP

28 NAME

29 STREET ADDRESS

30 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(1)(k), Florida Statutes. I further certify that the information included 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 manager 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 or change 1, or 2 or an after listed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Howard

3-18-96

904-837-1886

CR2E034 (12/95)