

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **V57079** (8)

1. Corporation Name

STUKELY INVESTMENTS, INC.



Principal Place of Business

7000 ESTERO BLVD.
APT. 402
FT. MYERS FL 33901
US

Mailing Address

P.O. BOX 415
PIERREFONDS
QUEBEC CA H9H 4L1
CN

H9H4L1

3. Date Incorporated or Qualified

08/07/1992

3a. Date of Last Report

02/21/1995

4. FEI Number

65-0349874

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

9. Name and Address of Current Registered Agent

MEADOR, CHARLES R., JR.
1661 ESTERO BLVD
SUITE 16
FT MYERS BEACH FL 33932-2520

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 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when changing)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP ☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP ☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP ☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP ☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP ☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP ☐ Change ☐ Addition

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 registered agent 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 addition with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERRE GRAVEL

96-02-19

514-620-2610

CR2E034 (12/95)