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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # : S 94358

1. Corporation Name
FRANK D STAHL PA



Principal Place of Business
12301 METRO PARKWAY
FORT MYERS FL 33912

Mailing Address
12301 METRO PARKWAY
FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

Form with fields: Date Incorporated or Qualified, FEI Number (65-0295127), Certificate of Status Desired, Election Campaign Financing, Trust Fund Contribution, Personal Property Tax.

Form with fields: 2. Principal Place of Business, 2a. Mailing Address, Suite, Apt. #, etc., City & State, Zip, Country.

9. Name and Address of Current Registered Agent
FRANK D. STAHL
12301 METRO PKWY
FORT MYERS, FL 33912

10. Name and Address of New Registered Agent
81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Frank D Stahl, President

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
FRANK D. STAHL
12301 METRO PKWY
FORT MYERS, FL 33912

13. ADVERSE 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 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, with all other like empowered

SIGNATURE: Frank D Stahl

Vertical text on the right edge of the page.