## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90134 017 \*\*\*150.00

## DOCUMENT # 571686 1. Corporation Name

STONE, PARKER & ASSIMACK, C.P.A., P.A.

Principal Place	e of Business	Mailing Address	Mailing Address				,	
7512 RIDGE ROAD		7512 RIDGE ROAD						
PORT RICHEY FL 34668		PORT RICHEY FL 34668			DO NOT WRITE IN THIS SPACE			
US		US		İ	3. Date Incorporated or Qualifed			
						05/10/1978		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<del></del>	oplied For
26						59-1838144		ot Applicable
Suite, Apt.	Suite, Apt. #, etc.	, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired	
22								May Be
City & State		— ·	City & State			6. Election Campaign Financing  Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Country			This corporation owes the current year Intangible		
24	25 29 30			¬ ′		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		<u>'</u>			10. Name and Address of New Registere	d Agent	
			81	Name				
STONE, GEORGE M.				C112.14	6 ddas	ss (P.O. Box Number is Not Acceptable)		
7512 RIDGE ROAD			82	Street	Addres	SS (P.O. Box Number is Not Acceptable)		
NEW	PORT RICHEY FL 34668		83	<u> </u>			-	
1			-	<u> </u>			or Zin	Codo
]			84	City		F	L 85 Zip	Code
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.		ND DIRECTORS	13.	ii signature i	edollen A	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	STONE, GEORGE M.		1.2 NAME					
STREET ADDRESS	The state of the s		1.3 STREE	TADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL			T-ZIP	}			
TITLE	STD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	FRANK, PARKER G.	_			<b> </b>			
STREET ADDRESS	1506 DRINKARD DR.			ADDRESS	ĺ			
CITY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CITY-S					
TITLE		E DELETE	-3.4-TITLE				Change	Addition .
NAME		İ	3.2 NAME					
STREET ADDRESS			l.	T ADDRESS	1			}
CITY-ST-ZIP			3.4. CiTY-5	ST-ZIP				
TITLE		☐ DELETE	41 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS		i	4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY- S	T-ZIP	1			
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME		•	5.2 NAME					-
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE		1		☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS	}			1
CITY-ST-ZIP			6.4 CITY-S	T-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:

GEORGE MISTONI