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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

J47703

(0)

ART STONE COMPANY, INC.

| Salt THORNE DOLLEVARD NORTH ST. PETERSBURG FL 33710 3. Date incorporated of Causified 12/18/1886 2. Making Activese 2. Handing Activese 3. Salts, Ayr. 9, otc. 3. Contactor of Status Desired Salts Activese 5. Salts, Ayr. 9, otc. 4. FE In Number 6. Dector Campaign Financing 7. Salts, Ayr. 9, otc. 5. Contactor of Status Desired Salts Add of Salts 7. Days Status 7. Country 7. Days Status 7. Country 8. The Registered Agent 8. Number 8. Salts Add of Salts 8. | | | | | | | | |
|--|---|--|--|---------------------|----------------------------------|--|--------------------------------------|-------------------------------------|
| ST. PETERSBURG FL 33710 S. Date incorporation for Challiflad Sa. Date of Lots Report 2. Principal Faces of Business 2. 2. Malarg Address 3. Date incorporation for Challiflad Sa. Date of Lots Report 5. Report Florage 5. Side, April 8, etc. 5. Side, A | Principal Place of Business Mailing Address | | | | | - I 138111/0 0111 018/1 19011 10011 80460 | NIN DIDIL DIDIL BIBIF | BIBII BIBII BI I II IBBI |
| 2. Principal Place of Passess. 2. Making Address 3. Sale, Agril, 4, etc. 4. Sale Cartifaction of Sale Decisions of Sale Agril, 4, etc. 3. Sale, Agril, 4, etc. 4. Sale Cartifaction of Sale Decisions of Sale Agril, 4, etc. 3. Sale Cartifaction of Sale Sale Sale Sale Sale Sale Sale Sale | 3611 TYRONE BOULEVARD NORTH 3611 TYRONE BOULEVARD | | | | | | | |
| Suito, April 19 | | | | | | | | |
| Suito, April P, etc. Suito, April P, etc. | 2. Principal Pla | nce of Business | 2a. Mailing Address | 2a. Mailing Address | | | | Applied For |
| Schedule Statute Sta | 21] | | | | | 59-2/462/1 | | |
| 28 Country Zep Country Added to Pees | Suite, Apt. ≇ | #, etc. | <u> </u> | | | 5. Certificate of Status Desired | 1 1 | |
| POLEN, MICHAEL J. 3811 TYRONE BOULEVARD ST. PETERSBURG FL 33710 182 Street Address (P.O. Box Number is Not Acceptable) 183 Street Address (P.O. Box Number is Not Acceptable) 184 City 185 Zip Code 185 Zip Code 186 City 187 FL BS Zip Code 187 Registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby accept the paperser of agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby accept the paperment are registered agent. I am formation with, and accept the obligations of Section 607 C607 Add least a section of the paperment are registered agent. I am formation with a section of the collegations of Section 607 C607 and 607 Florida Statutus. 185 Name 186 City 187 Florida Statutus 186 Name 187 Name 188 Zip Code 186 City 187 Florida Statutus 187 Name 188 Zip Code 288 Zip Code | City & State | | <u></u> ⊢¬ · | | | , , | | |
| POLEN, MICHAEL J. 3811 TYRONE BOULEVARD ST. PETERSBURG FL 33710 82 Street Address P.O. Box Number is Not Acceptable) 83 Street Address P.O. Box Number is Not Acceptable) 84 Gity FL 85 Zep Code 11. Fursuant to the provisions of Sections 607-0502 and 607-1508, Fonda Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registering agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I henoty accept the appointment as registered office or registering agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I henoty accept the appointment as registered office or registering agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I henoty accept the appointment as registered office or registering agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I henoty accept the appointment as registered office or registering agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I henoty accept the appointment as registered office or registered agent. I am State of Florida. Such change was authorized by the corporation's board of directors. I henoty accept the appointment as registered agent. I am State of Florida. Such changes are registered agent. I am State of Florida. Such changes are registered after a such acceptable. 90 Florida Addition. 90 Florida Addition | Zip | Country | Zip | Counti | У | 8. This corporation has liability for in | ntangible tax und | ers 199.032, |
| POLEN, MICHAEL J. 3811 TYRONE BOULEVARD ST. PETERSBURG FL 33710 82 Street Address (P.O. Box Numbor is Not Acceptable) 83 Street Address (P.O. Box Numbor is Not Acceptable) 84 City FL 85 Zip Code 11. Furusiant to the provisions of Sections 607,0502 and 607,1508, Forida Statules. Pie back or produced agont, or tool, in the State of Forida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or tool, in the State of Forida. Such change was authorized by the corporation board of directors. I hereby accept the appointment as registered office or registered of registered office or registered of registered of registered of registered of registered of | 24 | and the control of the second control of the contro | | 30 | <u> </u> | | | |
| POLEN, MICHAEL J. 3811 TYRONE BULLEVARD ST. PETERSBURG FL 33710 88 | | 9. Name and Address of Curre | ent Registered Agent | | 41 Name | 10. Name and Address of New Re | gistered Agent | 1 |
| ST. PETERSBURG FI. 33710 11. Furnisant to the provisions of Sections 607 0500 and 607 1500. Funds Statutes, the above named corporation submits this statument for the purpose of changing its registered office funder with an accept me delightance of Sections 607 0505, Funds Statutes, the above named corporation submits this statument for the purpose of changing its registered office funder with an accept me delightance of Sections 607 0505, Funds Statutes, the above named corporation submits this statument for the purpose of changing its registered office funder with an accept me delightance of Sections 607 0505, Funds Statutes, the above named corporation submits this statument for the purpose of changing its registered office funders and accept me delightance of Sections 607 0505, Funds Statutes. SIGNATURE 12. | DOLEN | MICHAEL I | | l° | 1 | | | |
| ST. PETERSBURG FL 33710 84 City FL 85 Zip Code | | | | 8: | 2 Street Addr | ess (P.O. Box Number is Not Acceptable) | | |
| 11. Fursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statulas, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am femiliar with, and accept the obligations of Section 607.0505. Florida Statulas. SIGNATURE TIME DP OFFICERS AND DIRECTORS 12. | | | | 8 | 3 | | | |
| 11. FVRstart to the provisions of Sections 607 0502 and 607.1500. Florida Statutios, the etwoen named corporation submits this statement for the purpose of changing its registered office or registered agent, or thost, in the State of Florida. Such range was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am feature of the purpose of changing its registered office or registered agent. I am feature or the companied agent ag | | | | 8 | 4 City | | — 85 | Zip Code |
| 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 valve ediligations of Section 607.0505, florida statutus. SIGNATURE 12. | 41 Duranget to | a the provisions of Sections 607 050 | 00 and 607 1500 Florida Ctalut | as the should | | | | <u></u> |
| SIGNATURE Durant in the process PACTE Registered Agent signature marked when revisitoring DATE | or registere | ed agent, or both, in the State of Fic | rida. Such change was authori <i>z</i> | ed by the cor | -nameo corpor poration's boar | ation submits this statement for the purp rd of directors. I hereby accept the appo | ose of changing intment as regist | ered agent. I am |
| Sycanter | | | | •• | | • | 2-22-96 | • |
| DELETE | | Signature, typed or printed name of registered ag- | / NV Table | TE Registered Ag | ent signature required | d when reinstating) | DATE | |
| NAME STREET ADDRESS 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 14 CUTY - ST - ZP | 12. | | | | | ADDITIONS/CHANGES TO OFFI | | |
| STRET ADDRESS ST. PETERSBURG FL | | — · | [] DELETE | | | | L Cha | nge [_] Addition |
| ST. PETERSBURG FL | | | | | | | | |
| DVT | | | | | | | | |
| NAME POLEN, DAVID W 3611 TYRONE BLVD. 32 STREET ADDRESS ST. PETERSBURG FL 24 CITY-ST-ZIP DST | | | D DELETE | | | | EJ Cho | nno. 🗖 Addition |
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| DET | | | | 1 | | | | |
| NAME STEEL ADDRESS ST. PETERSBURG FL S | | | DELETE | | | | □ Cha | one |
| STEEL ADDRESS ST. PETERSBURG FL 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP | NAME | POLEN, PAULA J | | 1 | | | | •• • • |
| ST. PETERSBURG FL 34 CITY-ST-ZIP | STREET ADDRESS | 3611 TYRONE BLVD. | | | i | | | |
| DELETE | CHTY-ST ZIP | ST. PETERSBURG FL | | 3.4 City- | -ST-ZIP | | | |
| STREET ADDRESS | JILE | | ☐ DELE TE | | | | ☐ Cha | nge 🔲 Addition |
| ### ################################## | NAME | | | 4.2 NAME | | | | |
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| STREET ADDRESS | CEL A - 21 - Sih | | | 4.4 C(TY- | · ST - ZIP | | | |
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| STREET ADDRESS CDY-ST-7IP 64 City-ST-ZIP | | | [] Ditte | | | | [_] Cha | nge LI Addition |
| CITY - ST - ZIP 64 CITY - ST - ZIP | | | | | | | | |
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| | | v certify that the information supplied | d with this filing is voluntarily furn | | | or the exemption stated in Section 119 (| 17/31/k) Fiorida 9 | tatutes Uturther |

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 cath; 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: Michael J. Polen 2-28-96 (813) 345-6733
SIGNATURE and Typed on Printed Name of Signing Officer on Director

CR2E034 (12/95)