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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(8)

BEDSTONE HOLDINGS, INC.

- 1 100100H 110 19H 39DH 01001 0H00	DIEL BEBEI BEBIE BEBEI BEBEI BEBIE BEBEE FABR

FILED

Feb 09 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address				-\ 1 IBBUBDUL IID IBUK 38000 BUUDI BUUDI		BII BIBII BIBII BIB			
7200 PROCTOR ROAD SARASOTA FL 34241		1590 FIRST STREET							
		ATTN: JIM GOAR Sarasota fl 34236 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
- 	lace of Business	2a. Mailing Address				4. FEI Number		— — —	pplied For
Sulte, Apt.	#	Cuito Ant # ata	<u> </u>			59-2378817			ot Applicable
	π, θic.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional eoulred
City & State	A	City & State				6 Staction Compaign Figuresian			
23		28				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Count	ry	, , , , , , , , , , , , , , , , , , , 	8. This corporation owes or has p			
24	25	29	30			Personal Property Tax due June 30. Yes No			
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistere	d Agent	
TAI	LBQT, LINDA		8	1 N	ame				
720	20 PROCTOR ROAD		8	2 SI	treet Addr	ess (P.O. Box Number is Not Accepta	able)		
SA	RASOTA FL 34241			↓					
			8	3					
			8	4 C	ity	- · · · · · · · · · · · · · · · · · · ·	FI	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abo	ve-na	med corp	poration submits this statement for the	purpose	of changing i	ls registered
agent. I a	m lamiliar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statut	es.	o oo porac	ion's board of directors. I hereby according	Spt IIIO UF	Apontinont do	rogistorou
SIGNATURE		· · · · · · · · · · · · · · · · · · ·							
12.	Signature, typod or printed name of registered age	ont and title if applicable (NO D DIRECTORS	TE Registered A	gia tnag	gnature require	ed when reinslating) ADDITIONS/CHANGES TO OFF	DATE	ID DIDECTOR	OC 181 40
TITLE	P	DELETE	1.1 TITLE		 -T	ADDITIONS/CHANGES TO OFF	CENS AI	Change	Addition
NAME	ULMKE, RITA		1.2 NAME					- Samuella	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	7200 PROCTOR ROAD		1.3 STRE		RESS				
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-		- 1				
TITLE	VT	☐ DELETE	2.1 TITLE		-			Change	Addition
NAME	TALBOT, LINDA		2.2 NAME						
STREET ADDRESS	7200 PROCTOR RD		2.3 STREE	et addi	RESS				
CITY-ST-ZIP	BARASOTA FL		2. 4 CiTY	- \$T - Zi	P				
TITLE		DELETE 3.1		3.1 TITLE			-	Change	Addition
NAME			3.2 NAME	:					
STREET ADDRESS			3.3 STREE	et addi	RESS				
CITY-ST-ZIP			3.4. CITY		P			——————————————————————————————————————	
TITLE		☐ DELETÉ	4.1 TITLE		i			L Change	Addition
NAME			4.2 NAM						
STREET ADDRESS			4.3 STREE						
CITY-ST-ZIP		DELETE	4.4 CITY-		<u> </u>			Chons-	Addison
TITLE		☐ DECEIE	5.1 TITLE		-			☐ Change	Addition
NAME ATOLICA ADDOCCO			5.2 NAME		nrec				
STREET ADDRESS			5.3 STREE		J.				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE		' -			Change	Addition
		[] Dittil						CT counts	L Addition
NAME STREET ADDRESS	1		6.2 NAME		DECC.				
			6.3 STREE		4				
CITY-ST-ZIP			6.4 CITY -	21.71					

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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attaquiment with an eduress. ITA VLOKE