

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 PM 1:41

DOCUMENT # N31514 (5)
1. Corporation Name
THE REDBONE, INC.

Principal Place of Business Mailing Address
200 INDUSTRIAL DRIVE ISLAMORADA FL 33036 US **P. O. BOX 273 ISLAMORADA FL 33036 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1989** 3a. Date of Last Report **01/24/1994**
4. FEI Number **65-0180140** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**ELLIS, GARY
#5 DAVIS DR
LOWER MATECOMBE KEY
ISLAMORADA FL 33036**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIS, GARY #5 DAVIS DR LOWER MATECO ISLAMORADA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELLIS, SUSAN #5 DAVIS DR LOWER MATECO ISLAMORADA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELLIS, MERLE 337 KAREN WAY TIBURON CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FOX, WILLIAM N. 81990 OVERSEAS HIGHWAY ISLAMORADA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEBBENS, MARCY 200 HARBORVIEW DRIVE TAVERNIER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGARRY, JAMES R. BOX 133 ISLAMORADA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DS MARCY SEBBEN 200 HARBORVIEW DRIVE TAVERNIER, FL. 33070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DV TIMOTHY HAYES 228 PEARL AVE. TAVERNIER, FL. 33070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D CRAIG BREWER P.O. BOX 951 N/A ISLAMORADA, FL. 33036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ *[Signature]* 1/23/94 664-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR