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NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N31514

(5)

THE RE					Į.			
	THE REDBONE, INC.					0184 Rebet 6484		
Principal Place	of Business	Mailing Address			- 	BIEL BIELL BIEL		[(L 93[]) 16])
200 INDUSTRIAL DRIVE P. O. BOX 273								
ISLAMORADA FL	. 33036	ISLAMORADA FL 33036-0 US	273					
US		US			3. Date Incorporated or Qualified 04/03/1989		e of Last Re	
2. Principal Pla	and of Dusinger	2a. Mailing Address			4. FEI Number	`		
2. Principal Pla 21	ace of Business	26 Maning Address			65-0180140			plied For t Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·				\$8.75 A	
22		27			5. Certificate of Status Desired		Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00	
<b>23</b> Zip	Country	28 Zip	Country		Trust Fund Contribution	LJ	Added t	
24	25	29	30		This corporation has liability for Florida Statutes	intangible t	_	199.032,
	9. Name and Address of Curre		1901		10. Name and Address of New R			
			81 1	Name				
Elus, GA			82 5	Street Addre	ess (P.O. Box Number is Not Accepte	ible)		
#5 DÁVIS DR								
LOWER MATECOMBE KEY			83					
ISLAMORADA FL 33038			84 (	City	······································	El	85 Zip (	Code
11 Purament to	the provisions of Sections 617.05	02 and 617 1509 Florida State	Iton the shows b	amod corpo	protion submits this statement for the	FL	obooging its	registered
office or re	gistered agent, or both, in the State	e of Florida. Such change was	authorized by th	ne corporation	pration submits this statement for the on's board of directors. I hereby according to the control of the contro	ept the appo	ointment as	registered
-	n familiar with, and accept the oblig	gations of, Section 617.0503, F	-lorida Statutes.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	OTE: Registered Agent s	signature require	d when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	DP CARY	☐ DELETE	1.1 TALE	1			☐ Change	Addition
NAME	ELLIS, GARY #5 DAVIS DR LOWER MATE	00	12 NAME					
STREET ADDRESS	ISLAMORADA FL	60	1.3 STREET AD	1				
CITY-ST-ZIP TITLE	STR		1.4 City - ST - 2	DID I				
		DELETE	2.1 TITLE	RIP			Change	☐ Addition
NAME	SEBBEN, MARCY	DELETE	2.1 TITLE 2.2 NAME	RIP		· ····	Change	Addition
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	200 HARBORVIEW DRIVE TAVERNIER FL		2.2 NAME	ORESS			•	
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SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/87 (305) 664-2002 Dayline Phone # 0024284

**FILED** 

Apr 01 1997 8:00am

Secretary of State