


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90050 003 ****61.25

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # N31514 1. Corporation Name THE REDBONE, INC. | | |
| Principal Place of Business 200 INDUSTRIAL DRIVE ISLAMORADA FL 33036 US | Mailing Address P. O. BOX 273 ISLAMORADA FL 33036 US | |



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 04/03/1989 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 65-0180140 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| ELLIS, GARY #5 DAVIS DR LOWER MATECOMBE KEY ISLAMORADA FL 33036 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLIS, GARY | 1.2 NAME | |
| STREET ADDRESS | #5 DAVIS DR LOWER MATECO | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ISLAMORADA FL | 1.4 CITY-ST-ZIP | |
| TITLE | STR <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEBBEN, MARCY | 2.2 NAME | |
| STREET ADDRESS | 200 HARBORVIEW DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAVERNIER FL | 2.4 CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAGG, MARY ANN | 3.2 NAME | |
| STREET ADDRESS | 9 BARRACUDA LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ISAMORADA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BREWER, CRAIG | 4.2 NAME | |
| STREET ADDRESS | PO BOX 951 N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ISLAMORADA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGARRY, JAMES R. | 5.2 NAME | |
| STREET ADDRESS | BOX 133 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ISLAMORADA FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

(305) 664-2002

Daytime Phone #

CRZE037 (11/98)