SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 24 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 209249 (2)FLORIDA CAST STONE, CO., INC. Mailing Address Principal Place of Business 102 BALTIC CIRCLE 102 BALTIC CIRCLE **TAMPA FL 33629** TAMPA FL 33606-3322 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 01/21/1958 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-0832842 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Γ 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes П No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERTRAN, ARMONIA % Paul J. Ferlita Street Address (P.O. Box Number is Not Acceptable) 509 S. HYDE PARK AVENUE 83 TAMPA FL 33606 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4/97 DELETE Change Addition TITLE 1.1 TOUR BERTRAN, ARMONIA 1.2 NAME CRZE034 NÁME 102 BALTIC CIRCLE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE 2.1 1016 Change Addition TITLE **GOJMAN, MARY ANN** NAME 2.2 NAME 102 BALTIC CIRCLE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2 4 CHTY - ST - ZIP DELETE Addition Change TITLE 3.1 THEE NAME 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-ZIP TITLE DELETE 4.1.1111.6 Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 100 F TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-St-ZiP CITY-ST-ZIP 14. I do 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 607, Florida Statutes; and that my name

FILED

7-17-97