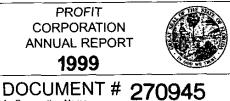
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

STONEY'S ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90200 010 ***150.00

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Mailing Address Principal Place of Business 2150 GOODLETTE RD 2150 GOODLETTE RD SUITE 700 SUITE 700 DO NOT WRITE IN THIS SPACE NAPLES FL 34102 NAPLES FL 34102 3. Date Incorporated or Qualifed US 06/14/1963 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1031146 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Country Zio □ No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ASHLEY, REX N. 82 Street Address (P.O. Box Number is Not Acceptable) 1044 CASTELLO DRIVE SUITE 106 83 NAPLES FL 34103 85 Zip Code 84 City 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 X Change Addition ☐ DELETE 1.1 TITLE TITLE 1.2 NAME LOFGREN, DARLENE S. NAME 1.3 STREET ADDRESS 963 GALLEON DRIVE. 3443 RUM ROW STREET ADDRESS NAPLES, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP X Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE STONEBURNER, KEVIN 2.2 NAME NAME 785 ADMIRALTY PARADE 1447 GALLEON DRIVE 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 7 Y. 1 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-649-8700

CR2E034 (11/98)