

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-21-1999 90138 008 \*\*\*150.00

DOCUMENT # 349037

1. Corporation Name  
MATT STONE, INC.



Principal Place of Business  
3749 COPELAND DR  
ZEPHYRHILLS FL 33540  
US

Mailing Address  
P.O.B. 1929  
ZEPHYRHILLS FL 33539  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1969

4. FEI Number

59-1269332

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MATTOX, JEFFREY A.  
3749 COPELAND DR  
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSD ☐ DELETE  
NAME MATTOX, JEFF  
STREET ADDRESS 3466 WOODRIDGE PKWY  
CITY-ST-ZIP PALM HARBOR FL

TITLE CD ☒ DELETE  
NAME MATTOX, DANIEL  
STREET ADDRESS 2445 PINNACLE COURT, NORTH  
CITY-ST-ZIP PALM HARBOR FL

TITLE CDO ☐ DELETE  
NAME DEAN, JEFFREY M  
STREET ADDRESS 14802 DUNSTAN PLACE  
CITY-ST-ZIP TAMPA FL 33618

TITLE VP ☐ DELETE  
NAME NEWTON, THOMAS E JR  
STREET ADDRESS 956 BELTED KINGFISHER DRIVE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTSD ☒ Change ☐ Addition  
1.2 NAME MATTOX, JEFFREY A.  
1.3 STREET ADDRESS 3749 COPELAND DRIVE  
1.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33540

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE CDO ☒ Change ☐ Addition  
3.2 NAME DEAN, JEFFREY M.  
3.3 STREET ADDRESS 3749 COPELAND DRIVE  
3.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33540

4.1 TITLE VP ☒ Change ☐ Addition  
4.2 NAME NEWTON, THOMAS E. JR.  
4.3 STREET ADDRESS 3749 COPELAND DRIVE  
4.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33540

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 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:

*JEFFREY A. MATTOX*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/14/99

Daytime Phone #

(813) 783-1920

CR2E034 (11/98)

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