

446385

Annual Report

Filed 5-1-94

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2 pgs.

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94 MAY -1 PM 4:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name STONE MOUNTAIN MANUFACTURING OF FLORIDA, INC.	DOCUMENT # 446385 (7)
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Mailing Address 3908 SELVITZ RD. FT. PIERCE FL 34981	Principal Place of Business 3908 SELVITZ RD. FT. PIERCE FL 34981
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 02/15/1974	3a. Date of Last Report 03/05/1993	4. FEI Number 59-1508984	Applied For Not Applicable
5. Certificate of Status Desired \$8.75		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent

SIMMONS, GAIL
3908 SELVITZ RD
FORT PIERCE FL 34981

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 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

11 TITLE	D
12 NAME	MOON, JOON S.
13 STREET ADDRESS	3505 W. GRAND RIVER AVE.
14 CITY - ST - ZIP	HOWELL MI
21 TITLE	P
22 NAME	RODGERS, WILLIAM
23 STREET ADDRESS	3908 SELVITZ RD.
24 CITY - ST - ZIP	FT. PIERCE FL
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William M. Rodgers President William M. Rodgers 4/29/94 517-546-8269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____