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**

DOCUMENT # 541539

EPOXY STONE, INCORPORATED

Principal Place of Business Mailing Address						• • • • • • • • • • • • • • • • • • • •		
25275 CARNOUSTIE COURT. S.E. BONITA SPRINGS FL 34135 US		25275 CARNOUSTIE COURT, S.E. BONITA*SPRINGS FL 33923		DO NOT WRITE IN THIS	SPACE	Ξ		
00					3. Date Incorporated or Qualifed			
					07/27/1977			
Principal Place of Business 2a. Mailing Address					4. FEI Number			
21					59-1760693	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5Certificate of Status Desired.	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country 25	Zip 30	Country		This corporation owes the current year into Personal Property Tax.	angible Yes		₩Ño
24	9. Name and Address of Curren				10. Name and Address of New Registered	Agent		
	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		81	Name				
OBERSTAR, MARIE				Street A				
25275 CARNOUSTIE CT., SE			82	Ollocia	Address (P.O. Box Number is Not Acceptable)			
BON	ITA SPRINGS FL 33923		83	1				\
			84	City	FI	85	Zip Co	ode
					corporation submits this statement for the purpose of			
office or r	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was autho	nzea by	the corpo	oration's board of directors. I hereby accept the appoin	ıtment	as regi	istered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Reg	istered Age	nt signature re	equired when reinstating) DATE			<u> </u>
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRI	CTOF	₹S IN 12
TITLE	Р	☐ DELETE	1.1 TITLE			☐ Ch	ange	☐ Addition
NAME	OBERSTAR, MARIE		1.2 NAME					ļ
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS, FL 00000		1.4 CITY-S	T-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE			Ch	ange	☐ Addition
NAME	OBERSTAR, ANDREA		2.2 NAME					
STREET ADDRESS	25275 CARNOUSTIE CRT		2.3 STREE	TADORESS				
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP		<u></u>			
TITLE	ST	DELETE	3.1 TITLE			□ Ch	ange	☐ Addition
NAME	OBERSTAR, ANDREW		3.2 NAME	ļ				ļ
STREET ADDRESS	25275 CARNOUSTIE CRT		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS FL		3.4. CITY-ST-ZIP					- Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Ch	ange	☐ Addition
NAME		ļ	4. 2 NAME					
STREET ADDRESS		` .	4.3 STREE	TADDRESS	·			
CITY+ST-ZIP		——————————————————————————————————————	4.4 CITY-ST-ZIP			<u> </u>		
TITLE		☐ DELETE	5.1 TITLE	}		Ch	arige	☐ Addition
NAME			5.2 NAME					}
STREET ADDRESS				TADDRESS				Ì
CITY-ST-ZIP			5.4 CITY-5	T-ZIP				
TITLE	1	☐ DELETE	6.1 TITLE			CH	ange	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90050 036 ***150.00