FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANN	1996	3. 7.7	etary of State OF CORPORATIONS		
DOCU 1. Corporation	JMENT # 6058	74 (7)			
	BORN STONE COMPANY,	, INC.		A DORANG QUINE BOOKE BRIDE SANDI SANDI BRAD	I BIBI BIBI BIBI BIBI BIBI BIBI BIBI B
Principal Plac	ne of Rusiness	Mailing Address			
426 GOVERNMENT ST 426 GOVERNMENT ST					
VALPAHAI	ISO FL 32580	VALFARAISO FE S	.,00	3. Date Incorporated or Qualified 01/05/1979	3a. Date of Last Report 04/14/1995
A District	EN of Eluciones	2a. Mailing Address		4. FEI Number	Applied For
	Place of Business	26. Walling Address		59-1871794	Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζiρ 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032, : ☐ No
24	9. Name and Address of Cur			10. Name and Address of New F	Registered Agent
426 (der, Harold D., Jr. Government Street Paraiso Fl 32580		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptal	FL 85 Zip Code
or rociie	stered agent, or both, in the State of F with, and accept the obligations of, S	Florida, Such change was autr Section 607.0505, Florida Stat	OUSED DA FUE COLDOLOGUOLLA DE	oration submits this statement for the pupard of directors. Thereby accept the approach when remodeling	DATE
12.		AND DIRECTORS .	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	VS	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARDER, CHARDELL Y		1.2 NAME		
STREET ADDRES			13 STREET ADDRESS		
CITY - ST - ZIP	VALPARAISO, FLORIDAS	2580	1.4 CITY - \$1 - ZIP		Change Addition
TITLE	PTD	DELETE	2 1 TITLE 2.2 NAME		
NAME	CARDER, HAROLD D JR		2.3 STREET ADDRESS		
STREET ADORES			24 CHY-SI-ZIP		
CITY-\$1-ZIP	VALPARAISO, FLORIDAS	Z36U DELFTE	3 1 TITLE		Change Addition
TITLE NAMÉ	VP OBERHAUS, TIMOTHY A		3 2 NAME		
STREET ADDRE		_	3.3 STREET ADDRESS		
CITY - ST - ZIP	VALPARAISO FL		3.4 CITY-ST-ZIP		
TITLE	TOU NIVIOU I L	☐ DELETE	4 1 THLE		Change Addition
NAME			4.2 NAME		
STREET ADDRE	ESS		4.3 STREET ADDRESS		
City-St-ZiP			4.4 CITY - ST - ZIP		M 06 M 4240
THILE		DELETE	5 1 THILF		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRE	ESS		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- S1- ZIP		Change Addition
	i	☐ DELETE	6.1 TITLE		

64 CITY - ST - ZIP 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(k), 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 cath; that I am an officer or director of the opporation 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 chapted, or on an attachment with an indress.

6 1 TITLE

6 2 NAME

63 STREET ADDRESS

SIGNATURE:

TillE

NAME

STREET ADDRESS

NG OFFICER OR DIRECTOR

DELETE

4-11-96 (904)678-1832

CR2E034 (12/95)