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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 643846 (9)
1. Corporation Name
A.H. STONE & ASSOCIATES, INC.



Principal Place of Business Mailing Address
228 N NOVA RD ORMOND BEACH FL 32174 US
228 N NOVA RD ORMOND BEACH FL 32174-5124 US

3. Date Incorporated or Qualified 10/26/1979
3a. Date of Last Report 04/29/1996
4. FEI Number 59-1949782 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 228 N. Nova RD. 26 228 N. Nova RD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
Ormond Beach, FL Ormond Beach, FL
23 Zip Country 28 Zip Country
24 32174 25 Volusia 29 32174 30 Volusia

9. Name and Address of Current Registered Agent
STONE ALEXANDRIA
608 MAIN TRAIL
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
81 Name Raymond Rivela
82 Street Address (P.O. Box Number is Not Acceptable) 1300 Oakforest Drive
83 Ormond Beach, FL. 32174
84 City Ormond Beach FL 85 Zip Code 32174

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: *Raymond Rivela* x 3/28/97
NOTE: Registered Agent signature required when reinstating! DATE

12. OFFICERS AND DIRECTORS
TITLE PSD XX DELETE
NAME STONE, ALEXANDRIA H
STREET ADDRESS 608 MAIN TRAIL
CITY-ST-ZIP ORMOND BEACH FL
TITLE T DELETE
NAME STONE, ALEXANDRIA H
STREET ADDRESS 608 MAIN TRAIL
CITY-ST-ZIP ORMOND BEACH FL
TITLE V DELETE
NAME STONE, ALEXANDRIA H.
STREET ADDRESS 608 MAIN TRAIL
CITY-ST-ZIP ORMOND BEACH FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 PSD Change XX Addition
1.2 NAME Rivela, Raymond
1.3 STREET ADDRESS 1300 Oak Forest Drive
1.4 CITY-ST-ZIP Ormond Beach, FL 32174
2.1 TITLE T Change XX Addition
2.2 NAME Rivela, Raymond
2.3 STREET ADDRESS 1300 Oak Forest Drive
2.4 CITY-ST-ZIP Ormond Beach, FL 32174
3.1 TITLE V Change XX Addition
3.2 NAME Rivela, Raymond
3.3 STREET ADDRESS 1300 Oak Forest Drive
3.4 CITY-ST-ZIP Ormond Beach, FL 32174
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Raymond Rivela* 3-17-97 904-6733070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)