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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

685786

(6)

B. DOLIGIAS STONE ASSOCIATES, INC.

III DODGENO OTONE NOOO		
Principal Place of Business	Mailing Address	
940 NORTH FERN CREEK AVENUE ORLANDO FL 32803	940 NORTH FERN CREEK AVENUE ORLANDO FL 32803	
US	U\$	Date Incorporated or Or



940 NORTH FERN CREEK AVENUE ORLANDO FL 32803 US		940 NORTH FERN CF ORLANDO FL 32803 US			3. Date incorporated or Qualified	3a. Date of Last Report 08/04/1995
			·		09/01/1980	_
2. Principal Pla	ce of Business	2a. Marling Address			4. FET Number 59-2021532	Applied For Not Applicable
21 Costa Apt. #	ato.	Suite, Apt. #, etc				\$8.75 Additional
Suite, Apt. #	, etc.	27			5. Certificate of Status Desired	Fee Required
Orty & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Gountr 30	y	Thereas Chineses	□ No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New F	legistered Agent
			8.	Name		
STONE,	GAIL S FERNCREEK AVENUE		82	Street A	ddress (P.O. Box Number is Not Acceptab	ole)
	OO FL 32803		83			
			84	City		85 Zip Code
					poration submits this statement for the pur	FL 89 2000s
12.	OFFICERS AND PSTD STONE GAILS	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	Charge Addition
NAME	STONE, GAIL S		1.2 NAME			
STREET ADDRESS	940 N FERN CREEK AVE		1.3 STRE	ET ADURESS		
CITY-ST-7IP	ORLANDO FL	POST DOLDTS	14 CEY		TED	Change Addition
TITLE	SVP	DETELE	2 1 Trit.1 2 2 NAMI		VP AJLANI, ABDUL S.	Change Madretor
NAME STOCES ADDRESS	CUMMING, BRIAN S 940 N FERN CREEK AVE			ET ADORESS	940 N FERNCREEK AVE	
STREET ADDRESS CITY - ST - ZIP	ORLANDO FL		240114	1	ORLANDO FL	
TITLE	VP	☐ DELET L	3 1 TifL			Change Addition
NAME	BURCH, GRADY C		3.2 NAM	:		
STREET ADDRESS	940 N FERNCREEK AVE		3.3 SIH	ET ADORESS		
CITY - S* - ZIP	ORLANDO FL		3.4 CITY			Chann D Addran
THILE		DELETE	4 ' 1111			Change Addition
NAME			4.2 NAM			
STREET ADORESS				EL ADORESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CiTY 5.1 Tift			Change Addition
NAME			5.2 NAM			_ · _
STREET ADDRESS				EL ADORESS		
CITY-ST-ZIP			54 C TY	!		
TITLE		☐ D€LETE	6 1 TI*L			☐ Change ☐ Addition
NAME			6.2 NAM	E		
STREET ADDRESS			63SFPE	ET ADDRESS		
			4.4007	C1 310		

6.4 CiTy-ST-ZIP

14. I do hereby certify that the information suppried with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armust 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 province or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if clusters, or on an attachment with an address.

SIGNATURE:

6-6-96

Daytoni Phone #

CR2E034 (12/95)