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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 698256

(5)

1. Corporation Name STONE CREEK ENTERPRISES, INC.

| Mailur Address | | | | | | | | | | |
|--|-------------------------------|---|---|--------------------------------|-----------------------|---|--|---------------------------------|-----------------|-------------|
| Principal Place of Business Mailing Address C/O JAMES C. STONE 8240 SW SR 200 Mailing Address C/O JAMES C. STONE 8240 SW SR 200 | | | | | | | | | | |
| OCALA FL 34481 | | | OCALA FL 34481 | OCALA FL 34481 | | | 3. Date Incorporated or Qualified | | | 95 |
| 2. 21 | Principal Plac | e of Business | 2a. Mailing Address | 2a. Mailing Address 26 | | | 4. FEI Number 59-2127769 | 7769 Applied For Not Applicable | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | |
| _ | City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | |
| 23 | Zφ | Country | Zıp | | | 1 | 8. This corporation has liability for intangible tax under s 199.032, | | | |
| 24 | | 25 29 | | 30 | r | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | |
| | | 9. Name and Address of Curre | ent Registered Agent | | 81 | Name | 10. Name and Address of New I | redistered w | Join | |
| | | | | | 6, | | | | | |
| | | JAMES C. V STATE ROAD 200 | | | 82 | i | dress (P.O. Box Number is Not Acceptable) | | | |
| | OCALA I | FL 34481 | | | 83 | · | | | | |
| | | | | | 84 | 1 | | FL | | p Code |
| | or registere familiar with | d agent, or both, in the State of Fic i, and accept the obligations of, Se | orida: Sucri change was authorize ection 607.0505, Florida Statute | s. | COI | poración a boc | ration submits this statement for the purific of directors. I hereby accept the appearance of the purific of directors and the purific of the | pointment as r | gistered | agent. I am |
| OFFICE AND DIFFCTORS 13 | | | | | | 7 1 ug 12 u 0 10 pm | ADDITIONS/CHANGES TO OF | FICERS AND I | DIRECTO | IRS IN 12 |
| 12 TI) | | PTD | DELETE 1.11 | | TITLE | | | | Change | Addition |
| NAI | ì | STONE, JAMES C. | | 1.21 | | | | | | |
| STI | REE1 ADDRESS | 8240 SW SR 200 | 1.33 | | 1.3 STREET ADDRESS | | | | | |
| CIT | IY-ST-ZIP | OCALA FL | | | 1.4 CITY-ST-ZIP | | | | Change | Addition |
| TIT | LE | SVD | ☐ DELETE | | 2 1 TITLE 2.2 NAME | | | _ | , o | <u></u> |
| l | ME | STONE, SHIRLEY S. 8240 SW SR 200 | | | | ET ADDRESS | | | | |
| l . | REET ADDRESS | OCALA FL | | | 2.4 CITY-ST-ZIP | | | | | |
| 111 | TY-ST-ZIP | 00/0110 | ☐ DELETE | | TITLE | | | |] Change | ☐ Addition |
| ļ | AME. | | | 3 2 NAME | | E | | | | |
| ST | REET ADDRESS | | | 3.3. STREET ADDRESS | | ET ADORESS | | | | |
| CI | TY-ST-ZIP | | | | | - S1 - ZIP | | | 1 Change | Addition |
| TtT | TLE | <u></u> | | | | | , | | | |
| 1 | AME | | | 4.2 NAME 4.3 STREET ADDRESS | | | | | | |
| 1 | TREET ADDRESS | | | | 4.4 CITY - ST- ZIP | | | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | | 5. 1 TITLE | | | |] Change | Addition |
| | AME | | - | 5.2 | NAM | E | | | | |
| | TREET ADDRESS | | | 53 | STRE | ET ADDRESS | | | | |
| 1 | 11Y - \$1 - 2IP | | | | | -ST-ZIP | | | Change | Addition |
| 11 | ILF | | DELETE | | TITL | 1 | | L | טאוופייט ני | |
| N. | AME | | | 1 | NAM | | | | | |
| CIRELI ADDRESS | | | ■ 6.3 STREE | | | EET ADDRESS | | | | |

SIGNATURE: Shurley & Stone SHIRU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY S. STONE

64 CHY-ST-ZIP

4-22-96

T TRANSPORTER TRANSPORTER TO THE RESIDENCE OF THE PROPERTY OF

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)(k), Fiorida 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.