

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 10 1997 8:00am
Secretary of State**DOCUMENT # 733210 (9)**

1. Corporation Name

THE STONE FAMILY, INC.

Principal Place of Business

**9761 SE 58TH AVENUE
BELLEVIEW FL 34420
US**

Mailing Address

**P.O. BOX 1690
BELLEVIEW FL 34421-1690
US**

3. Date Incorporated or Qualified

07/03/1975

3a. Date of Last Report

02/16/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24**25****28****30**

4. FEI Number

59-1634324

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

9. Name and Address of Current Registered Agent

**SOUD, A.C., JR.
2589 PINERIDGE ROAD
JACKSONVILLE FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D**STONE, RICKY
165 N.E. 55TH AVE.
OCALA FL**☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD**STONE, RO JR
165 N.E. 55TH AVE.
OCALA FL**☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D**STONE, ANGELINE C
165 N.E. 55TH AVE.
OCALA FL**☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D**STONE, RODNEY
165 N.E. 55TH AVE.
OCALA FL**☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D**STONE, RANDY
165 N.E. 55TH AVE.
OCALA FL**☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

(352)-347-6657

Daytime Phone # 0064902

CR2E037 (9/96)