SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

2a. Malling Address

CRETE-STONE INDUSTRIES CORPORATION

Principal Place of Business	Mailing Address		
7013 FOREST CITY RD.	7013 FOREST CITY RD		
ORLANDO FL 32810	ORLANDO FL 32810		

H11911

FILED Jul 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1984

4. FEI Number

21	_	26			59-2892958	Not Applicable		
Suite, Apt.	suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & Stat	City & State City & State				6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	Zip	Countr		Trust Fund Contribution	Added to Fees		
24	25	29	·1 —		B. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent			1001	10. Name and Address of New Registered Agent				
				81 Name				
7019 EODÉCT CITY DO			-	82 Street Address (P.O. Box Number is Not Acceptable)				
			0.	82 Street Address (P.O. Box Number is Not Acceptable)				
			8:	83				
			<u> </u>					
			B	4 City		85 Zip Code		
11. Pursuant	to the provisions of sections 607.0502	2 and 607.1508, Florida Sta	tutes, the above	e-named coroc	ration submits this statement for the purpose of	of changing its registered		
onice or	registered agent, or both, in the State	of Florida. Such change w	as authorized b	v the corporati	ion's board of directors. I hereby accept the ap	ppointment as registered		
agent. I am tamiliar with, and accept the obligations of, section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable.	(NOTE: Registered	Agent signature req	ulred when reinstating) DAT			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	DELETE	1.1 TITLE			Change Addition		
NAME	STARLING, ALTHEA J.		1.2 NAME					
STREET ADDRESS	720 S. ARMITAGE ST.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-S	ST-ZIP				
TITLE	TD	DELETE	2.1 TITLE			Change Addition		
NAME	Sta r ling, John I.		2.2 NAME					
STREET ADDRESS	5728 CHADWICK LN		2.3 STREE	TADDRESS		r		
CITY-ST-ZIP	BRENTWOOD TN 37027		2.4 CITY-5	ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4 CITY-S	ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change Addition		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		DELETE	5.1 TITLE			Change Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		DELETE	6.1 TITLE			Change Addition		
NAME .			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-ZIP			6.4 CITY-S					
14. I hereby ce	rtify that the information supplied with	this filing does not qualify for	or the exemption	n stated in sec	tion 119.07(3)(i), Florida Statutes. I further cert	ify 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.

Applied For