PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H50836

Principal Place of Business

BLUE STONE REAL ESTATE, CONSTRUCTION AND DEVELOP **MENT CORPORATION**

Mailing Address

Blue Stone Real Estate 11036 Spring Hill Dr Spring Hill Fl 34608 US		BLUE STONE REAL ESTATE 11036 SPRING HILL DR SPRING HILL FL 34608 US			_	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/05/1985				
2. Principal Pl	ace of Business	2a. Mailing Address			<u> </u>	4. FEI Number		\neg	Applied Fo	ır
21	الوادات المعتفرين المسوا المعين	26				59-25 15235	/	ę ·	.Not Applica	able
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5 Ontifered of Status Desired	$ \overline{\Sigma} $	\$8.7	5 Additiona	al
22		27				5. Certificate of Status Desired	6.4°	Fee	Required	
City & State)	City & State				6. Election Campaign Financing		\$5.0	00 мау Ве	,
23		28	28			Trust Fund Contribution		Add	ed to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the curr	ent year Inta	angible		
24	25	29 30	30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren	t Registered Agent			1	Name and Address of New I	Registered	Agent		
			81	Name)					
DEM		82 Street Address (P.O. Box Number is Not Accepta			able)			\dashv		
	1 DONZI DRIVE		02 Street Addit			(1.0. Box (tallibor to horr toops	40.07			
HUD	SON FL 34667		83							
	·		84	City				85 Z	Zip Code	
			1	City			FL	1 1	·	
office or re agent. I ar	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was suffi	OUTED DV	the corp	d corpora poration's	tion submits this statement for the board of directors. I hereby accep	purpose of pt the appoir	changing itment as	j its registere s registered	ed
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: Re	gistered Ager	it signature	e required wh	nen reinstating)	DATE			-
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLÉ	P	☐ DELETE	1.1 TITLE					Chan	ige ∐ Ad	ddition
NAME	DEMARIA, JAMES W.		1.2 NAME							
STREET ADDRESS	15641 DONZI DRIVE		1.3 STREET	ADDRESS	s					ĺ
CITY-ST-ZIP	HUDSON FL		1.4 CITY-S	T-ZIP						i
TITLE	V	☐ DELETE	2.1 TITLE					Chan	nge 🔲 Ad	dition
NAME	DEMARIA, JAMES J. 22 N		2.2 NAME							ſ
STREET ADDRESS			2.3 STREET	ADDRESS	s ·	and the second second	- .			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP						
TITLE	\$	☐ DELETE 3.1 TI						☐ Chan	ige 🗆 🗆 Ad	ddition
NAME	DEMARIA, DEBORAH G.		3.2 NAME							ļ
STREET ADDRESS	15641 DONZI DRIVE		3.3 STREE	ADDRESS	s					}
CITY-ST-ZIP	HUDSON FL		3.4. CITY-S	ST-ZIP					•	
TITLE		☐ DELETE	4.1 TITLE		 			☐ Chan	nge 🗀 Ac	ddition
NAME	•		4.2 NAME							
STREET ADDRESS			4.3 STREE	FADDRESS	s					
CITY-ST-ZIP			4.4 CITY-S		1					İ
TITLE		☐ DELETE	5.1 TITLE		1			Chan	nge 🔲 🗖 Ac	ddition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	TADDRESS	s					
			5.4 CITY-S	T-ZIP						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		+	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Chan	nge 🗆 Ax	ddition

CITY-ST-ZIP I 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 of suppliemental 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 acceiver of 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 operation of the corporation or the acceiver with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME STREET ADDRESS

352-686-0481

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90047 035 ***158.75