FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (8) STONE AND SUTTON, P.A. Principal Place of Business Mailing Address 116 E. 4TH STREET 116 E. 4TH STREET PANAMA CITY FL 32401 PANAMA CITY FL 32401 3. Date Incorporated or Qualified 3a. Date of Last Report 11/05/1985 01/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2594888 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STONE, MICHEL L. Street Address (P.O. Box Number is Not Acceptable) 82 116 EAST 4TH STREET PANAMA CITY FL 32401 83 City 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE DELETE 1. 1 7016 ☐ Change Addition NAME SUTTON, PAMELA DRU 1.2 NAME CR2E034 116 E. 4TH ST STREET ADDRESS 13 STREFT ADDRESS PANAMA CITY FL CITY-SI-ZIP 14 CITY-ST-ZIP THILE VST DELETE 2 1 1111 F Addition Change NAME STONE, MICHEL L. 22 NAME STREET ADDRESS 116 E. 4TH ST. 2.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2 4 CITY - ST - ZIP TrTLE DELETE 3 1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TELE DELETE 5. 1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE ☐ Change Add-tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-7IP 64 CITY-ST-ZIP 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). 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 empenyed to execute this report as required by Chapter 607, Florida Statutes; and that my name

oath; that I am an officer or director appears in Block 12 or Block 13 if

(12/95)