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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J69778** **(5)**

1. Corporation Name
STONECIPHER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
%EARTHQUAKE MAGOONS 132 W. PARK AVE EDGEWATER FL 32132-1518	%EARTHQUAKE MAGOONS 132 W. PARK AVE EDGEWATER FL 32132-1518

3. Date Incorporated or Qualified: **04/24/1987**
3a. Date of Last Report: **07/25/1996**

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
Zip | Country
24 | 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip | Country
29 | 30

4. FEI Number: **59-2843458** ☐ 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

STONECIPHER, RICHARD W.
132 W. PARK AVE
EDGEWATER FL 32032

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
PD		1.2 NAME	
STONECIPHER, RICHARD W.		1.3 STREET ADDRESS	
115 FLAGLER AVE		1.4 CITY-ST-ZIP	
EDGEWATER FL			
	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
STD		2.2 NAME	
STONECIPHER, CHERYL A.		2.3 STREET ADDRESS	
115 FLAGLER AVE		2.4 CITY-ST-ZIP	
EDGEWATER FL			
	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. 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 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 added on an attachment with an address.

SIGNATURE: Cheryl Stonecipher Mar 10-97 904-428-3436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027093