| | PROFIT RPORATION JAL REPORT 1999 | | FLORIDA DEPAR Katherin Secretary DIVISION OF C | TMENT OF STATE e Harris of State | FILE Mar 17, 199 Secretary (03-17-1999 90101 0 | 9 8:00 am of State |
|---|--|----------------------------------|--|---|---|--|
| . Corporation | MENT # K1177(Name ASTONE CONSTRUCTION | | es, inc. | | | |
| rincipal Place 05 EDGEWAT RLANDO FL 3 S | | 4205 | ing Address EDGEWATER DR. NDO FL 32904 | | DO NOT WRITE IN THI | |
| | | | | | 01/13/1988 | · · · · · · · · · · · · · · · · · · · |
| 1 [.] . | lace of Business | | Mailing Address | | 4. FEI Number 59-2864526 | Applied For Not Applicable |
| Suite, Apt. | #, etc | 26 | Suite, Apt. #, etc. | · | | \$8.75 Additional |
|] | | 27 | | · | | Fee Required |
| City & Stat | ····· | 28 | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip] | Country | 29 Z | Zip F | Country 30 | This corporation owes the current year I Personal Property Tax. | ntangible Yes INo |
| | 25 9. Name and Address of Curre | | | | 10. Name and Address of New Registere | |
| 4205 | NE, JANET L. 5 Edgewater DR. ANDO FL 32804 | | | | madita Stone ress (P.O. Box Number is Not Acceptable) 25 Edgewater Dr | |
| | | | Λ | 84 City | Idanto F | 85 Zip Code |
| | | | \sim | | Junor | |
| | Xa | | XIme | See//reas | poration submits this statement for the purpose on's board of directors. I hereby accept the app Amadila Stone, S | of changing its registered contract as registered of list of l |
| 1. Pursuant office or r agent. I a IGNATURE 2. | to the provisions of Sections 607.02 registered agent, or both in the Stat im familiar with, and accept the obto Signature, typed or printed printed agistered a OFFICERS A | igent and title it.d | pplicable. (NOTE: | | Finadina Jone, J | AND DIRECTORS IN 12 |
| IGNATURE | Signature, typed or printed and the session of the | igent and title Har AND DIREC | pplicable. (NOTE: | CCC//rcaS Registered Agent signature require | d when reinstating) DATE | <u>cc/lreas.</u> |
| IGNATURE 2. ILE ME | Signeture, typed or printed and the sistered an OFFICERS A | igent and title Har AND DIREC | pplicable. (NOTE: TORS | Sechred Agent Signsture require 13. 1.1 TITLE 1.2 NAME | d when reinstating) DATE | AND DIRECTORS IN 12 |
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