SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 97 SEP 29 AHH: NE DOCUMENT # (2)L26591 SECREBIAN OF STATE TALLAHASSLE, FLORIDA **BLUESTONE CORPORATION** Principal Place of Business Mailing Address 3660 ST. AUGUSTINE RD. 3660 ST. AUGUSTINE RD. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/30/1989 12/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2977517 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Added to Fees 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ Ño 24 Personal Property Tax due June 30. 25 28 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name SASSER, JAMES C., JR. 1835 ARDEN WAY 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32250 83 City Zip Code 84 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE SASSER, JAMES C., JR. NAME 1.2 NAME 1835 ARDEN WAY 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP 1.4 CITY - ST - ZIP VSD DELETE Change Addition TITLE 2.1 TITLE SASSER, CECELIA J. NAME 2.2 NAME 1835 ARDEN WAY STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE -10/01/97--01094--001 NAME 3.2 NAME ****165.00 ****165.00 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition ☐ DELETE TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition **J**ITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do 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 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. 6.4 CITY - ST - ZIP CITY-ST-7IP



BLUESTONE CORPORATION 3660 St. Augustine Road Jacksonville, FL 32207

September 17, 1997

Florida Dept of State - Division of Corporations Annual Reports Filings P O Box 6327 Tallahassee, FL 32314

RE: Bluestone Corporation 1997 Report

I called your office and spoke with Jane Bears. I told her I sent in our 1997 Annual Report and check in February but I have never received the cancelled check from the bank.

Ms. Bears told me to send another report and check.

Sincerely,
BLUESTONE CORPORATION

Cecelia J. Sasser Vice Pres