

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90022 012 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L32900

1. Corporation Name
FLORIDA NATURAL STONE, INC.



Principal Place of Business
**4055 POINSETTA AVE
 PO BOX 34
 EUSTIS FL 32727-7034
 US**

Mailing Address
**4055 POINSETTA AVE
 PO BOX 34
 EUSTIS FL 32727-7034
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		11/27/1989		59-2982823		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22		27		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		7. This corporation owes the current year Intangible Personal Property Tax.			
23		28		<input type="checkbox"/>		<input type="checkbox"/>			
Zip		Zip		Country		Country			
24		29		30		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PATRICK, GERALD W 4055 POINSETTA AV E MT DORA FL 32757				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, GERALD W	1.2 NAME	Patrick, Gerald W.
STREET ADDRESS	PO BOX 34 N/A	1.3 STREET ADDRESS	4055 Poinsetta Ave.
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	MT Dora, FL 32757
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, VICKY L	2.2 NAME	Doctoroff, Vicky L
STREET ADDRESS	4055 POINSETTA AV.	2.3 STREET ADDRESS	2075 Pinetree Drive G2
CITY-ST-ZIP	MT. DORA FL	2.4 CITY-ST-ZIP	Buford, Ga 30518
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Patrick, Gerald A
STREET ADDRESS		3.3 STREET ADDRESS	4055 Poinsetta Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MT Dora, FL 32757
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE REQUIRED: Gerald W. Patrick 3/15/99 352-383-8237
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UP03032

CR2E034 (11/98)