

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 23 PM 1:28

DOCUMENT # L93632 (2)

1. Corporation Name
STONE GATE DEVELOPMENT, INC.

Principal Place of Business Mailing Address

1435 COLLINGSWOOD #G 1435 COLLINGSWOOD #G
MURDOCK FL 33948 MURDOCK FL 33948

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26 **P. O. Box 2605**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28 **Port Charlotte, Fl**

Zip Country Zip Country

24 25 29 **33949** 30 **Charlotte**

3. Date Incorporated or Qualified 3a. Date of Last Report

08/13/1990 **04/14/1994**

4. FEI Number Applied For

65-0209691 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

KONIDES, JIM
2315 AARON ST
PORT CHARLOTTE FL 33949

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 Signature typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reappointing DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FARHAT, PHILIP
STREET ADDRESS	1435 COLLINGSWOOD #G
CITY - ST - ZIP	MURDOCK FL
TITLE	SD
NAME	KARPISEK, MILO
STREET ADDRESS	18260 PAULSEN DR #C
CITY - ST - ZIP	MURDOCK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tim Farhat
3.3 STREET ADDRESS	1365 Fargo
3.4 CITY - ST - ZIP	Port Charlotte, Fl 33949
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Philip D. Farhat* **Philip D. Farhat** 5/15/95 627-2123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)