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

**PROFIT**  CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # M65104**

Principal Place of Business

SIGNATURE:

DAYTONA STONE CORPORATION

C/O WILLIAM A. PARSONS 2430 S NOVA RD SOUTH DAYTONA FL 32119		C/O WILLIAM A. PARSONS 2430 S NOVA RD SOUTH DAYTONA FL 32119		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  01/19/1988			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Apr	olied For
21		26		59-2862287		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			dditional
22		27		5. Certificate of Status Desired		Fee Re	quired
City & Stat	е	City & State		Election Campaign Financing     Trust Fund Contribution		55.00 Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current	year Intangij	le	
24	25	29 30		Personal Property Tax.	×χν	'es	□No
	9. Name and Address of Currer			10. Name and Address of New Reg	istered Ager	ıt	
			81 Name				
PARS	SONS, WILLIAM A.		20 0	de la Company de Maria Associabilità	-1		
WOERNER & PARSONS			82 Street A	ddress (P.O. Box Number is Not Acceptable	<i>*</i> )		
2001	SOUTH RIDGEWOOD AVE.		83				
SOUTH DAYTONA FL 32019				1177			
			84 City		FL 85	Zip C	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	rized by the corpor	corporation submits this statement for the puration's board of directors. I hereby accept t	mose of chan	ging its of the second	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: Regis	stered Agent signature red	quired when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC			
TITLE	DPV	☐ DELETE	1.1 TITLE			Change	Addition
NAME	PRATT, LEE C.		1.2 NAME				
STREET ADDRESS	2430 SOUTH NOVA RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	S DAYTONA FL		1.4 CITY-ST-ZIP				
TITLE	ST	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	PRATT, LEE C.	L.	2.2 NAME				
STREET ADDRESS	2430 SOUTH NOVA RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	S DAYTONA FL		2. 4 CITY-ST-ZIP				
TITLE	O DATIONALL		3.1 TITLE		[]	Change 1	Addition
NAME			3.2 NAME			_	
			3.3 STREET ADDRESS				
STREET ADDRESS			3.4. CITY-ST-ZIP				
CITY-ST-ZIP TITLE			4.1 TITLE			Change	Addition
NAME		_	4. 2 NAME		_	·	_
			4.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
TITLE			5.1 IIILE 5.2 NAME		, L		
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP			6.1 TITLE			Change	Addition
TITLE		<u> </u>	6.2 NAME	•	اليا	s iunge	
NAME			1				
STREET ADDRESS			6.3 STREET ADDRESS				

6.4 CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

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 exemple 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.

**FILED** 

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90072 010 \*\*\*150.00