

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000863 (1)

1. Corporation Name

CAST STONE INSTITUTE, INC.



Principal Place of Business

2299 BROCKETT ROAD
TUCKER GA 30084

Mailing Address

2299 BROCKETT ROAD
TUCKER GA 30084

3. Date Incorporated or Qualified
03/04/1993

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

4. FEI Number
59-3170328

Applied For
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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KERCKHOFF, DANIEL C.
1901 ELSA AVENUE
SUITE 230
NAPLES FL 33942

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

26/Feb/96

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME LAIRD, DAVID
STREET ADDRESS 101 JOHNSTON CIRCLE
CITY-ST-ZIP PALMETTO GA

TITLE ~~VP~~ ☐ DELETE

NAME SHOREMAN, NEIL
STREET ADDRESS RIDGE ROAD
CITY-ST-ZIP MCCLURE PA

TITLE ~~STD~~ ☐ DELETE

NAME WOOD, WALTER
STREET ADDRESS 1201 E. HUNTER AVE
CITY-ST-ZIP SANTA ANA CA

TITLE M ☐ DELETE

NAME HARLAN, MIMI
STREET ADDRESS 2299 BROCKETT ROAD
CITY-ST-ZIP TRUCKER GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE STD ☐ Change ☒ Addition

12 NAME DENNIS McBride
13 STREET ADDRESS 22001 W 83rd St.
14 CITY-ST-ZIP Shawnee KS 66227

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dennis McBride
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

Date

9134227535

Daytime Phone #

CR2E037 (12/95)