2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90063 006 ***150.00

DOCUMENT # P00000007457

1. Entity Name
HINSON STONER, INC.

94067595

04192004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
701 RIVERSIDE PARK PLACE, SUITE 110 JACKSONVILLE, FL 32204	701 RIVERSIDE PARK PLACE, SUITE 110 JACKSONVILLE, FL 32204

2. Principal Place of Business	3. Mailing Address
700 ERNONA ST	700 ERNONA ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32205 Country: USA	Zip: 32205 Country: USA

4. FEI Number: 59-3621457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YONG, FRANK J 701 RIVERSIDE PARK PLACE, SUITE 110 JACKSONVILLE, FL 32204	Name: LINDA G. HINSON Street Address (P.O. Box Number is Not Acceptable): 700 ERNONA ST City: JACKSONVILLE FL Zip Code: 32205

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Linda G. Hinson 4-26-04
(Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS HINSON, LINDA 701 RIVERSIDE PARK PLACE, SUITE 110 JACKSONVILLE, FL 32204	☐ Delete	DPS HINSON, LINDA G. 700 ERNONA ST. JACKSONVILLE FL 32205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT STONER, FRANCES 701 RIVERSIDE PARK PLACE, SUITE 110 JACKSONVILLE, FL 32204	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda G. Hinson 4-26-04 904-374-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #