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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P93000022181 (0)

JOHN STONEBURNER, INCORPORATED

Principal Place of Business Mailing Address					t todiladi sia laida filli a biil agiil ediil	a mila tidia tidat tidat salat teat teat
95626 QUAIL R LEESBURG FL		35626 QUAIL RUN LEESBURG FL 34788-2967	35626 QUAIL RUN LEESBURG FL 34768-2962			
					3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last Report 04/04/1996
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		57-0973689	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		[27]			or communication of oldings beginned	Fee Required
City & State		City & State	~1		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for	
24	9. Name and Address of Current	29]	30		10. Name and Address of New Re	Yes No
OTO	NEBURNER, JOHN	Thogratered regent	·	B1 Name	TO. Italie and Address of New No	Bigrosen Wildelin
	28 QUAIL RUN		L			
LEESBURG FL 34768			1	82 Street Address (P.O. Box Number is Not Acceptable)		ole)
CLL	obona i L ori oo		}	83		
			L			
			5	B4 City		85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 egistored agent, or both, in the State	and 607.1508, Florida Statu of Florida, Such change was	ites, the ab authorized	ove-named c by the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	
	in tantinal with, and accept the obliga	tions of, Section 607,0505, F	onda Siaic	iies.]
SIGNATURE	Signature, typed or printed name of registered ager	il and title if applicable. (NO	11 · Fingistered	Agent signature re	equired when reinslating)	DATE
12.	OFFICE RS AND		13.	-,	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 7(1)	.F		Change Addition
NAME	Stoneburner, John		1.2 NAN	ME [[:
STREET ADDRESS	35626 QUAIL RUN		1.3 818	FET ADDRESS		()
CITY-ST-ZIP	LEESBURG FL 34788		1.4 CfT	Y-ST-71P		. 1
TITLE		DELETE	2.1 TIN	i T		Change Addition
NAME			2.2 NAI	VIE .		ļ
STREET ADDRESS			2.3 STF	EET ADDRESS		J
CITY-ST-ZIP			2. 4 CiT	Y-ST-ZIP		
TITLE	i	DELETE	3 1 111			Change Addition
NAME	l		3.2 NA	Af)		}
STREET ADDRESS	ı		3 3 S1H	EFT ADDRESS		
CITY-ST-ZIP		···	3.4. CIT	Y-ST-ZIP		
TITLE	1	☐ DEFEJE	4.1 1(1)	.f		Change Addition
NAME			4. 2 NA	м([(
STREET ADDRESS			4.3 S16	EE1 ADDRESS		į
CITY-ST-ZIP			4.4 CIT	Y-S1-7IF		
TITLE		[] DELETE	5.1 111)	.£		Change Addition
NAME	r		5.2 NAI	de l		Į
STREET ADDRESS			5.3 S1F	EET ADDRESS		}
CITY-ST-ZIP				Y-S1-7iP		
TITLE	,	☐ DELEJE	6.1 Tilt	.E }		Change Addition
NAME			6.2 NA	Aê]
STREET ADDRESS			6.3 STP	EET ADDRESS		ļ

6.4 CITY - ST - 7/P

SIGNATURE:

14. I do 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 19 if chapted, or on an attachment with an address.

31-28-5 7 352-585-788-1

FILED

Apr 02 1997 8:00am

Secretary of State