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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000022181 (0)

JOHN STONEBURNER, INCORPORATED

35626 QUAIL RUN

**FILED** Feb 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 35626 QUAIL RUN LEESBURG FL 34788 LEESBURG FL 34788 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 57-0973689 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STONEBURNER, JOHN 35626 QUAIL RUN Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34788 83 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 it applicable (NÖTE: Registered Agent signature required when reinstating) DATE CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change STONEBURNER, JOHN NAME 1.2 NAME 35626 QUAIL RUN STREET ADDRESS 1.3 STREET ADDRESS LEESBURG FL 34788 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - 71P 2. 4 CITY-ST-ZIP DELETE Addition TATLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THTLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ACDRESS 5.4 CITY - ST - ZIP CATY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ACORESS 6.4 CITY - ST-ZIP CITY-ST-ZIP

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 eath; 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 13 if changed, or on an attachment with an address. AEQUIRED

SIGNATURE:

2-1-58 352-585-038/