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 # P93000064971 (3)

STONE LOCK SYSTEMS, INC. Principal Place of Business Mailing Address 1349 EAST MAIN STREET LAKELAND FL 33801 S714					
				3. Date incorporated or Qualified 09/13/1993	3a. Date of Last Report 03/29/1996
man and a	a! Place of Business	2a. Mailing Address		4. FEI Number 59-3206875	Applied For Not Applicable
Suite, Ap	pt. #, etc.	Suite, Apt #, etc.			C9 75 Additional
22		27		Certificate of Status Desired	Fee Required
City & S	State	City & State		6. Election Campaign Financing	\$5.00 May Be
23] Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	
24	25	29	30		Yes No
	 Name and Address of Curre DAMS, FREDERICK J 	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	849 EAST MAIN STREET KKELAND FL 33801		82 Street Add 83 84 City 4	PAUL STONE Jess (P.O. Box Number is Nancceptal 349 EAST MAIN	57 <i>BET</i>
ageni. SIGNATUR 12.	E. Signature, typical or printed native or rough seen a	Bry / TAUL S		poration submits this statement for the pation's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	ST	DELETE	1,1 TITLE		Change Addition
NAME STREET ADDRES	ADAMS, FREDERICK J. 1224 FAIRLANE COURT, N.W WINTER HAVEN FL		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	P	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	STONE, PAUL G.		2.2 NAME		
STREET ADDRES			2.3 STREET ADDRESS	. •	. 10
CHY-S1-ZIP THEF	WINTER HAVEN FL VP	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	MCGUIRE, BILLY	Lad Delete	3.1 TILE 3.2 NAME		El cuante El vocator
STREET ADDRES	4044 5 44444 65		3 3 STREET ADDRESS		
CITY-ST ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
Tillf		☐ DELETE	4.1 TITLE		Change Addition
NAME expect appear	· ·		4.2 NAME 4.3 Street address		
STREET ADOPES OF YI-ST-ZIP	90 J		4.4 CITY-ST-ZIP		
TIPLE		DELETE	5 1 TITLE	 	Change Addition
NAMÉ			5.2 NAME		
STREET ADDRES	ss		5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP	,	Change Addition
TITLE NAME		L DETER	6.1 TITLE 6.2 NAME		CT change CT vocation
STREET ADDRES	SS		6.3 STREET ADDRESS		
D.T. 61 T.	ţ				

SIGNATURE:

14. I do hereby certify that the information supplied with information indicated on this annual report or supple flam an officer or director of the corporation or me if appears in Block 12 or Block 13 if changed, or or

STONOLUMED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-197

is not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the al report is true and accurate and that my signature shall have the same legal effect as if made under oath, that stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

> 941-688-1627 Daytime Phone

FILED

May 27 1997 8:00am

Secretary of State