

1995

STATE OF FLORIDA
DEPARTMENT OF REVENUE

95 APR 21 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068627 (7)

REDSTONE RESOURCES & FUNDING CORP.

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business		2. Mailing Address		3. Date Incorporated or Qualifying		4. Date of Last Report	
3801 SOUTH NINE DRIVE STE 33 VALRICO FL 32604 US		3801 SOUTH NINE DRIVE STE 33 VALRICO FL 32604 US		10/01/1993		04/18/1994	
21. Principal Place of Business		22. Mailing Address		4. FBI Number		Applied For	
21		22		65-0441448		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional	
22		22		☐		Fees	
City & State		City & State		6. Election Campaign Financing		5.00 May Be	
23		23		Trust Fund Contribution		Added to Fees	
Zip		Country		24		25	
24		25		29		30	
29		30		8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EDBERG, HUGO C 101 E. KENNEDY BOULEVARD BARNETT PLAZA - SUITE 2560 TAMPA FL 33602-5157				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 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 _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	EDBERG, HUGO C	1.2 NAME	Edberg, Hugo C
STREET ADDRESS	526 LUZON AVENUE	1.3 STREET ADDRESS	907 Crows Nest Lane
CITY- ST- ZIP	TAMPA FL 33606	1.4 CITY- ST- ZIP	Tampa, FL 33602
TITLE	VPST	2.1 TITLE	☐ Change ☒ Addition
NAME	WIMBLE, NANCY	2.2 NAME	VPST Director
STREET ADDRESS	3801 S NINA DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	VALRICO FL	2.4 CITY- ST- ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	WIMBLE, WILLIAM R	3.2 NAME	
STREET ADDRESS	3801 SO NINE DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	VALRICO FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 110.07(3)(4), 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 13 if changed, or on an attachment with an address.

SIGNATURE: William R. Wimble / William R. Wimble 4-18-95 813-681-5209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Phone #)