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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000068627 (7)**

1. Corporation Name

REDSTONE RESOURCES & FUNDING CORP.

Principal Place of Business	Mailing Address
3801 SOUTH NINE DRIVE ~~STE 33~~ VALRICO FL 33594 US	3801 SOUTH NINE DRIVE ~~STE 33~~ VALRICO FL 33594 US

3. Date Incorporated or Qualified: 10/01/1993
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business	2a. Mailing Address
21 3801 South Nine Drive	26 3801 South Nine Dr
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Valrico, Fl.	28 City & State: Valrico, Fl.
24 Zip: 33594 25 Country: Hillsborough	29 Zip: 33594 30 Country: Hillsborough

4. FEI Number: 65-0441448 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

EDBERG, HUGO C
101 E. KENNEDY BOULEVARD
BARNETT PLAZA - SUITE 2560
TAMPA FL 33602-5157

10. Name and Address of New Registered Agent

81 Name: William R. Wimble
82 Street Address (P.O. Box Number is Not Acceptable): 3801 South Nine Drive
83
84 City: Valrico, Fl. FL 85 Zip Code: 33594

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: William R. Wimble - Pres — 5-1-96
Signature, typed or printed name of registered agent, and title, if applicable. NOTE: Registered Agent signature required when filing. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D / EDBERG, HUGO C / 907 CROWS NEST LANE / TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Tampa, Fl. 33602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD / WIMBLE, NANCY / 3801 S NINA DR / VALRICO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	3801 S. NINE DRIVE Valrico, Fl. 33594	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD / WIMBLE, WILLIAM R / 3801 SO NINE DR / VALRICO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Valrico, Fl. 33594	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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 13 if changed, or on an attachment with an address.

SIGNATURE: William R. Wimble — 5-1-96 — 813 681 4208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number