

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3801 SOUTH NINE DRIVE
~~67E-00~~
VALRICO FL 33594
US

Mailing Address

3801 SOUTH NINE DR
~~67E-00~~
VALRICO FL 33594-8268
US

3. Date Incorporated or Qualified

10/01/1993

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 *Delete Ste 33*
23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 *Delete Ste 33*
28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

WIMBLE, WILLIAM R
3801 SOUTH NINE DR
BARNETT PLAZA - SUITE 2560
VALRICO FL 33594

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 Dr
83
84 City *Valrico* 85 Zip Code *FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDBERG, HUGO C	
STREET ADDRESS	907 CROWS NEST LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	WIMBLE, NANCY	
STREET ADDRESS	3801 S NINS DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIMBLE, WILLIAM R	
STREET ADDRESS	3801 SO NINE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE:

William R. Wimble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)