

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 17 PM 1:30

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P93000071594 (4)**

1. Corporation Name  
**GEORGE W. STONE, P.A.**

Principal Place of Business      Mailing Address  
**126 BERKSHIRE CIRCLE E  
LONGWOOD FL 32779**      **126 BERKSHIRE CIRCLE E  
LONGWOOD FL 32779**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/15/1993**      **05/01/1994**

2. Principal Place of Business      2a. Mailing Address      4. FEI Number      Applied For  
**21**      **26**      **59-3208656**      Not Applicable

22. Suite, Apt. #, etc.      27. Suite, Apt. #, etc.      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

23. City & State      28. City & State      6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

24. Zip      Country      29. Zip      Country      8. This corporation has liability for intangible tax under § 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**STONE, GEORGE W  
126 BERKSHIRE CIRCLE E  
LONGWOOD FL 32779**

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City      05 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, GEORGE W</b>	1.2 NAME	
STREET ADDRESS	<b>126 BERKSHIRE CIRCLE E</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>LONGWOOD FL 32779</b>	1.4 CITY, ST, ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, ROBERTA</b>	2.2 NAME	
STREET ADDRESS	<b>126 BERKSHIRE CIRCLE E</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>LONGWOOD FL 32779</b>	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(7)(b), 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 in person. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 143, Florida Statutes, and that my name appears in Block 12 or 13, if it is changed, in an attachment with an address.

SIGNATURE: *George W. Stone* (George W. Stone)  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/7/95      407-339-1553