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Jun 03 1998 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P98000043605

1. Corporation Name
STONECREST DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
150 NORTH 1ST STREET	P. O. BOX 1228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06-06-94

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3254976	☐ Applied For ☐ Not Applicable
21 150 N. 1ST STREET	26 P. O. BOX 1228		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State: MACCLENNY, FL.	28 City & State: MACCLENNY, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip: 32063 25 Country: BAKER	29 Zip: 32063-1228 30 Country: BAKER	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROGER J. DAVIDSON ~~P. O. BOX 1238~~ 150 N. 1ST ST. MACCLENNY, FL. 32063-~~1238~~	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: PRESIDENT (Signature of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-24-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: ROGER J. DAVIDSON		1.2 NAME	
STREET ADDRESS: ~~P. O. BOX 1238~~ 150 N. 1ST ST		1.3 STREET ADDRESS	
CITY-ST-ZIP: ~~MACCLENNY, FL. 32063-1238~~		1.4 CITY-ST-ZIP	
TITLE: VICE PRESIDENT	☐ DELETE	2.1 TITLE: JUDITH E. DAVIDSON	☐ Change ☐ Addition
NAME: ~~JUDITH E. DAVIDSON~~		2.2 NAME	
STREET ADDRESS: ~~P. O. BOX 1238~~ 150 N. 1ST ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP: MACCLENNY, FL. 32063-~~1238~~		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I 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: [redacted] ROGER J. DAVIDSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-24-98

Daytime Phone #: (904) 259-4557

CR2E034 (10/97)