FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 16 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062236 (2)

1. Corporation Name
HOUSE OF STONE, INC.

Principal Place of Business	Mailing Address
223 HICKMAN DRIVE SANFORD FL 32771	223 HICKMAN DRIVE SANFORD FL 32771

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report:

2. Principal Place of Business (21)	223 HICKMAN DR.
Suite, Apt. #, etc. (22)	
City & State (23)	SANFORD, FL
Zip (24) / Country (25)	32771 / U.S.A.
2a. Mailing Address (26)	223 HICKMAN DR.
Suite, Apt. #, etc. (27)	
City & State (28)	SANFORD FL
Zip (29) / Country (30)	32771 / USA.

4. FEI Number: 59-3257289 ☐ 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

TATICH, PHILIP
601 S. LAKE DESTINY ROAD
SUITE 200
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: TRACEY HOFFMAN
82 Street Address (P.O. Box Number is Not Acceptable): 223 HICKMAN DR.
83 SANFORD FL
84 City: FL 85 Zip: 32771

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: Tracey Hoffman 3-9-95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES.	1.1 TITLE	☐ Change ☐ Addition
NAME	TRACEY HOFFMAN	1.2 NAME	
STREET ADDRESS	159 N 5TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	1.4 CITY-ST-ZIP	
TITLE	SECY / TREASURE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRY D. HOFFMAN	2.2 NAME	
STREET ADDRESS	5708 78TH AVE. CT. W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TACOMA, WA 98467	2.4 CITY-ST-ZIP	
TITLE	V. PRES	3.1 TITLE	☐ Change ☐ Addition
NAME	KERRY LYNN THOMAS	3.2 NAME	
STREET ADDRESS	6402 ST. ANDREWS - #2	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANFIELD, OH 44406	3.4 CITY-ST-ZIP	
TITLE	V. PRES	4.1 TITLE	☐ Change ☐ Addition
NAME	KELLYANN THOMAS	4.2 NAME	
STREET ADDRESS	12806 NORTHWOOD AVE NO. 3	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHAKER HEIGHTS, OH 44120	4.4 CITY-ST-ZIP	
TITLE	V. PRES	5.1 TITLE	☐ Change ☐ Addition
NAME	PAUL FREASE	5.2 NAME	
STREET ADDRESS	2502 NORTH LAKE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL. 32773	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 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: [signature] 3-9-95 323-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — [illegible] #

0000033 CP