FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000007409 (2)**

1. Corporation Name

STONE CONCEPTS, INC.

Principal Place of Business	Mailing Address
3267 S.W. SUNSET TRACE CIRCLE PALM CITY FL 34990	P.O. BOX 823 PALM CITY FL 34990

3. Date Incorporated or Qualified: 01/27/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 2008 SW DANFORTH CIR
22: Suite, Apt. #, etc.
23: City & State: PALM CITY FL
24: Zip: 34990
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 65-0550143 ☐ 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

DEVICO, LYNN A
3267 S.W. SUNSET TRACE CIRCLE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: DEVICO LYNN A
82 Street Address (P.O. Box Number is Not Acceptable): 2008 SW DANFORTH CIR
83:
84 City: PALM CITY FL 85 Zip Code: 34990

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: Lynn A DeVico
Signature of typed or printed name of registered agent (Current Registered Agent) (Date) (Registered Agent signature required when named only) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEVICO, LYNN A		1.2 NAME		
STREET ADDRESS	3267 S.W. SUNSET TRACE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SUMNER, ELIZABETH E		2.2 NAME		
STREET ADDRESS	1066 MAGNOLIA BLUFF DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		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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***225.00

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: Lynn A DeVico (LYNN DEVICO) 5/20/96 407 2870629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 6/17/96