May 08, 1999 8:00 am Secretary of State

05-08-1999 90038 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087311

1. Corporation Name

PRAYERSTONES, INC.

THATEIR	TONES, INC.										
Principal Place of Business Mailing Address							inkt iin soint aitil anisi			4 111 6 1 11	101 1161 1001
2326 FORBES STREET JACKSONVILLE FL 32204 2326 FORBES STREET JACKSONVILLE FL 32204							DO NOT W	RITE IN THIS	SPAC	E	
						3. Date Inco	orporated or Qualife	ed			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Num	ber			Арр	lied For	
21		26			59-3347	7431		Γ	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				of Status Desired		• -	. 75 Ac	dditional uired	
City & State		City & State				Campaign Financir	ng 🖂	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip Cou			This corporation owes the current ye Personal Property Tax.			current year Int	Intangible ☐ Yes ⊠ No		
24	9. Name and Address of Curre		, , , , , , , , , , , , , , , , , , , 			10. Name ar	nd Address of Ne	w Registered	Agent		
J. Name and Addition of the Market State of the State of				81	Name						
GIBBS, REBECCA S			ļ.	82	Stroot Ad	Idrase /P.O. Boy N	lumber is Not Acce	intable)			
2326 FORBES STREET				82 Street Address (P.O. Box Number is Not Acceptable)							
JACK	SONVILLE FL 32204		1	83							
					City		FL 85 Zip Code				
11. Pursuant office or r agent. I a	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	s, the about thorized da Statut	ove- by ti les	-named co he corpora	orporation submits ation's board of dire	this statement for tectors. I hereby ac	he purpose of cept the appoi	changi ntment	ing its r as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered A	gent	signature requ	ured when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS 13					ADDITION	IS/CHANGES TO	OFFICERS AN	ID DIR	ECTO	
TITLE	PS	☐ DELETE	1.1 T/TL	.E					CI	nange	☐ Addition
NAME	GIBBS, REBECCA S		1.2 NAM	1.2 NAME							
STREET ADDRESS	ss 2326 FORBES STREET 13			1.3 STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL 1		1.4 CITY	1.4 CITY-ST-ZIP							
TITLE	VT	☐ DELETE	2.1 7171		\ \ \ \ \ \					nange	☐ Addition
NAME	GRISCO, JANE C 221		2.2 NAM	2.2 NAME							,
STREET ADDRESS 2326 FORBES STREET 2.3 ST			2.3 STR	TREET ADDRESS							
Citi-Si-Li			2.4 CIT	Y-ST	r-ZIP						
TITLE		☐ DELETE	3.1 TITL	.E					CI	nange	☐ Addition

CITY-ST-ZIP 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, with all other like empowered.

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

LICEASS SINGLE REPEEDS, GIBBS GIGHTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

DELETE

☐ Change

☐ Change

☐ Change

☐ Addition

Addition

☐ Addition