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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000053222 (1)

1. Corporation Name

U. S. STONE MANAGEMENT-NZ, INC.

Principal Place of Business

1460 CHUKAR RIDGE
PALM HARBOR FL 34683

Mailing Address

1460 CHUKAR RIDGE
PALM HARBOR FL 34683-6456

3. Date Incorporated or Qualified

06/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 800 West Arbrook

Suite, Apt. #, etc.

22 Suite 320

City & State

23 Arlington, TX

Zip

24 76015

Country

25 Terant

2a. Mailing Address

26 Same as 2.

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3397127

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

HOUSE, STEVE
1460 CHUKAR RIDGE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

SCOTT R. SPOERL

82 Street Address (P.O. Box Number is Not Acceptable)

2706 Alt. 19 N, Suite 270

83

84 City

PALM HARBOR

FL

85 Zip Code

34683

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D HOUSE, STEVE
STREET ADDRESS 1460 CHUKAR RIDGE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D HOUSE, STEVE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2405 Brookgreen Ct.
1.4 CITY-ST-ZIP Bedford, TX 76021

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 817-784-1113

Date

Daytime Phone #

CP2E034 (9/96)