

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000036755 (1)
1. Corporation Name
STONEGATE GENERAL CORPORATION



Principal Place of Business
8200 KINGS ROAD SOUTH
ST AUGUSTINE FL 32086

Mailing Address
3200 KINGS ROAD SOUTH
ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1 W. Sample Rd.
Suite, Apt. #, etc.
22 Suite 101
City & State
23 Pompano Beach, FL
Zip
24 33064
Country
25 Broward
2a. Mailing Address
26 1 W. Sample Rd.
Suite, Apt. #, etc.
27 Suite #101
City & State
28 Pompano Beach, FL
Zip
29 33064
Country
30 Broward

3. Date Incorporated or Qualified
04/24/1997
4. FEI Number
59-2552647
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 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

UPCHURCH, FRANK D III
780 NORTH PONCE DE LEON BLVD.
ST AUGUSTINE FL 32084

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

Michael J. Held Sr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME ~~2200 KINGS ROAD SOUTH~~
STREET ADDRESS ~~3200 KINGS ROAD SOUTH~~
CITY-ST-ZIP ~~ST AUGUSTINE FL 32086~~
TITLE VD ☐ DELETE
NAME HELD, ROBERT T SR.
STREET ADDRESS 8000 N.E. 47TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33308
TITLE D ☐ DELETE
NAME ROSS, MICHAEL L
STREET ADDRESS P.O. BOX 5958
CITY-ST-ZIP MARYVILLE TN 37802
TITLE D ☐ DELETE
NAME HICKS, CHARLES B
STREET ADDRESS 240 W TENNESSEE AVENUE
CITY-ST-ZIP OAK RIDGE TN 37831
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Michael J. Held
1.3 STREET ADDRESS 1 West Sample Rd. - #101
1.4 CITY-ST-ZIP Pompano Beach, FL 33064
2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Held, Robert T. Sr.
2.3 STREET ADDRESS 1 W. Sample Rd. - Suite 101
2.4 CITY-ST-ZIP Pompano Beach, FL 33064
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 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

Michael J. Held Sr.

1-23-98

985
1-23-98

CR2E034 (10/97)