

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000036755

1. Corporation Name

STONEGATE GENERAL CORPORATION

Principal Place of Business

1 W. SAMPLE RD  
STE 401 208  
POMPANO BEACH FL 33064  
US

Mailing Address

1 W. SAMPLE RD  
STE 401 208  
POMPANO BEACH FL 33064  
US

2. Principal Place of Business  
21 Same

2a. Mailing Address  
26 Same

Suite, Apt. #, etc.  
22 Suite 208

Suite, Apt. #, etc.  
27 Suite#208

City & State  
23

City & State  
28

Zip  
24

Country  
25

Zip  
29

Country  
30

9. Name and Address of Current Registered Agent

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

*Frank Upchurch*

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

10/25/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME  
HELD, MICHAEL J  
STREET ADDRESS  
1 WEST SAMPLE RD, #101  
CITY-ST-ZIP  
POMPANO BEACH FL 33064

TITLE VD ☐ DELETE

NAME  
HELD, ROBERT T SR.  
STREET ADDRESS  
1 W SAMPLE RD, STE. 101  
CITY-ST-ZIP  
POMPANO BEACH FL 33064

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/99

954-491-2300  
Date Daytime Phone #

FILED

99 NOV 15 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 99 0

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

59-2552847

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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

CR2E034 (5/99)

KE