

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 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 # P97000044804 (7)

1. Corporation Name
FLORIDA FONSTONE, INC.

Principal Place of Business
943 LEW BLVD.
ST. AUGUSTINE FL 32084

Mailing Address
943 LEW BLVD.
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/16/1997

2. Principal Place of Business
21 1702 W. UNIVERSITY AVE

2a. Mailing Address
26 3100 SW 35TH PL. 8

4. FEI Number
59-3463620

Applied For
Not Applicable

Suite, Apt. #, etc.
22 F-1

Suite, Apt. #, etc.
27 APT. 18-A

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 GAINESVILLE, FL

City & State
28 GAINESVILLE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
24 32603 25 US

Zip Country
29 32608 30 US

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

GAMSEY, ELLIOTT
943 LEW BLVD.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name GAMSEY, ELLIOTT
82 Street Address (P.O. Box Number is Not Acceptable)
3100 SW 35TH PL. APT 18-A
83 ?
84 City GAINESVILLE FL 85 Zip Code 32603

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

12. OFFICERS AND DIRECTORS

TITLE
NAME PTSD
STREET ADDRESS GAMSEY, ELLIOTT
CITY-ST-ZIP 8 9TH STREET
ST. AUGUSTINE BEACH FL 32084 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTSD ☒ Change ☐ Addition
1.2 NAME Gamsey, Elliott
1.3 STREET ADDRESS 3100 SW 35TH PL. APT. 18-A
1.4 CITY-ST-ZIP GAINESVILLE FL 32608

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ DELETE
STREET ADDRESS
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: Elliott Gamsey

9-17 352-381-9336

CR2E034 (5/98)