

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

0508346

02-22-1999 90037 036 ***150.00

DOCUMENT # P97000086723

1. Corporation Name

RALPH W. STONE, P.A.

Principal Place of Business

1211 S. 5TH ST.
CLERMONT FL 34711

Mailing Address

1211 S. 5TH ST.
CLERMONT FL 34711

2. Principal Place of Business

21 12745 Lake Ridge Cir.
Suite, Apt. #, etc.

2a. Mailing Address

26 12745 Lake Ridge Cir.
Suite, Apt. #, etc.

22

City & State

23 Clermont, Fla.

Zip

Country

27 City & State

28 Clermont, Fla.

Zip

Country

24 34711

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29 34711

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9. Name and Address of Current Registered Agent

SWART, HARRY J CPA
717 EAST OAK STREET
KISSIMMEE FL 34744

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))

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	STONE, RALPH W	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1211 5TH ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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.

SIGNATURE: *Ralph W. Stone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (352) 394-7771
Daytime Phone #

CR2E034 (11/98)