

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: \$750).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90001 015 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000015869**

1. Corporation Name

**FEATHERSTONE, INC.**



Principal Place of Business  
**8795 ORANGE BLOSSOM DR.  
SEMINOLE FL 33772**

Mailing Address  
**8795 ORANGE BLOSSOM DR.  
SEMINOLE FL 33772**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/18/1998**

21 Principal Place of Business

**19807 GULF BLVD**

26 Mailing Address

**19807 GULF BLVD**

4. FEI Number

**59-3519033**

Applied For

Not Applicable

Suite, Apt. #, etc.

**--#115--**

Suite, Apt. #, etc.

**#115**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

**INDIAN SHORES, FL**

City & State

**INDIAN SHORES, FL**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

**33785**

Country

**USA**

Zip

**33785**

Country

**USA**

8. This corporation owes the current year

Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED  
1186 OCEAN SHORE BLVD SUITE 195  
ORMOND BEACH FL 32178**

81 Name

**Donna Wright F.A. ACCU-Tax, Inc.**

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

**1850 ELMERTON RD # 3B**

83 **LARGO FL 33771**

84 City

**LARGO, FL**

FL

85 Zip Code

**33771**

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, am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE **Donna Wright**

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/12/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **STONE, ALYSE B**  
STREET ADDRESS **8795 ORANGE BLOSSOM DR.**  
CITY-ST-ZIP **SEMINOLE FL 33772**

1.1 TITLE **VICE PRES.** ☒ Change ☐ Addition  
1.2 NAME **STONE, ALYSE B.**  
1.3 STREET ADDRESS **19807 GULF BLVD. #115**  
1.4 CITY-ST-ZIP **INDIAN SHORES, FL 33785**

TITLE **D** ☒ DELETE  
NAME **HOWES, AGGIE K**  
STREET ADDRESS **5499 SALEM SQUARE DR**  
CITY-ST-ZIP **N PALM HARBOR FL 34685**

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
2.2 NAME **HOWES, AGGIE K**  
2.3 STREET ADDRESS **5499 SALEM SQUARE DR. NORTH**  
2.4 CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
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: **Donna Wright** **AGGIE K HOWES** **9/12/99 (727) 7855034**

0004367

CR2E034 (5/99)