

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

DOCUMENT # P98000025861

1. Corporation Name
STONEHEDGE REALTY, INC.

Principal Place of Business
**39820 US HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689**

Mailing Address
**39820 US HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689**

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90029 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1998

4. FEI Number

59-3502740

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TEEVAN, RONALD P
200 NORTH GARDEN AVENUE
SUITE A
CLEARWATER FL 33755**

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

TITLE ☒ DELETE
NAME **D VANATT, ROBERT**
STREET ADDRESS **39820 US HIGHWAY 19 NORTH, LOT 263**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE
NAME **D JONES, OLLEN**
STREET ADDRESS **39820 US HIGHWAY 19 NORTH, LOT 7**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE
NAME **D STUMPF, WALTER**
STREET ADDRESS **39820 US HIGHWAY 19 NORTH, LOT 44**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☒ DELETE
NAME **D BEETEM, ART**
STREET ADDRESS **39820 US HIGHWAY 19 NORTH, LOT 25**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☒ DELETE
NAME **D CASEY, LUCILLE**
STREET ADDRESS **39820 US HIGHWAY 19 NORTH, LOT 195**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE
NAME **D MCGINNIS, DON**
STREET ADDRESS **39820 US HIGHWAY 19 NORTH, LOT 175**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

Kurtsell, Glen

39820 US 19 North #230

Tarpon Springs, FL 34689

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D

Kosloski, Linda

39820 US 19 North #35

Tarpon Springs, FL 34689

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D

Gill, Donald

39820 US 19 North #169

Tarpon Springs, FL 34689

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Donald McGinnis

Donald McGinnis, Pres. 3/8/99

727/934-7917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)