


FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90003 028 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000047195

1. Corporation Name
C. AND J. STONE, INC.



Principal Place of Business U.S. HIGHWAY 441 CANAL POINT FL 33438	Mailing Address POST OFFICE BOX 6 CANAL POINT FL 33438
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/26/1998	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 2438 SE 38th Trail 27 Suite, Apt. #, etc. 27 City & State 28 Okeechobee, FL 29 34974 30 Country
4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROBERTS, DONA A 147 BACOM POINT ROAD PAHOKEE FL 33476	10. Name and Address of New Registered Agent 81 Name Candace F. Stone 82 Street Address (P.O. Box Number is Not Acceptable) 2438 SE 38th Trail 83 84 City Okeechobee FL 85 Zip Code 34974
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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 *Candace F. Stone* CANDACE F. STONE, PTD 4-27-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD <input checked="" type="checkbox"/> DELETE	NAME STONE, JEFFREY J	1.1 TITLE PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CANDACE F. STONE
STREET ADDRESS U.S. HIGHWAY 441	CITY-ST-ZIP CANAL POINT FL 33438	1.2 NAME	1.3 STREET ADDRESS 2438 SE 38th Trail
TITLE VSD <input checked="" type="checkbox"/> DELETE	NAME STONE, CANDACE F	1.4 CITY-ST-ZIP Okeechobee, Florida 34974	2.1 TITLE VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS U.S. HIGHWAY 441	CITY-ST-ZIP CANAL POINT FL 33438	2.2 NAME BRENDA T. O'CONNOR	2.3 STREET ADDRESS 1020 SW 7th Avenue
TITLE <input type="checkbox"/> DELETE	NAME	2.4 CITY-ST-ZIP Okeechobee, Florida 34974	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	3.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	6.4 CITY-ST-ZIP	
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)(f), 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: *Candace F. Stone* CANDACE F. STONE 4-27-99 941-763-5684
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)