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 Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90002 030 ***150.00

DOCUMENT #	P98000058041

1, Corporation Name

STONE TRANSPORT, INC.

Principal Place	of Business	Mailing Address			11880188	it eim inimi imise musi meii	14 Maist amini mitmi inist.	35(() \$166) 1161 1891	
6627 WOODSM WESLEY FL 33	ODSMAN DRIVE 6627 WOODSMAN DRIVE				DO NOT WRITE IN THIS SPACE				
	. 		^ ·		3. Date Incorp. 06/30/19	orated or Qualifed			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-	35/9/7		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of	f Status Desired	T	5 Additional e Required	
City & Stat	e	City & State			6. Election Car Trust Fund 6	mpaign Financing Contribution	11	00 May Be ded to Fees	
Zip	Country	Zip	Cou	ntry	8. This corpora	ation owes the curre			
24	25	29	30		Personal Pr	· · · · · · · · · · · · · · · · · · ·	Yes	□No	
	Name and Address of Current	Registered Agent			10. Name and	Address of New R	egistered Agent		
			ı	81 Name	m 51	DATE	•		
	OUTING & TAX HELP, INC.			82 Street Add	dress (P.O. Box Nun	ber is Not Acceptat	ble)		
	PARK-BLVD.			Tolo2	7 WOOd	sman_	Drive		
SUIT				83					
SEM	INOLE FL 33777			84 City		<u>·</u>	85	Zip Code, , , ,	
				11100	ilev Ch	apel	- PL 12	225 U U	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	2 and 607.1508, Florida Sta	atutes, the a	pove-named cor	rporation submits this	s statement for the r	purpose of changin	g its registered	
office or r	egistered agent, or both, in the State of	of Florida. Such change wa	s authorized	by the corporal	tion's board of direct	ors. I hereby accept	the appointment a	s registered	
	in familiar with, and accept mechanigan	Alls of, Section out boos,		Α.		. 4	15/99	ļ	
SIGNATURE	Signature, typed or printed name of registeres agent	and title if applicable. (N	OTE: Registered	Agent signature requi	red when reinstating)		DATE		
12.	OFFICERS ANI		13.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12	
TITLE	DIRECTOR PRESIDE	DELETE		ne D	PRECTOR, P	72511201	☐ Cha		
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	1.2 №	1	TIM STOWS	F			
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NAME			6.2 N						
STREET ADDRESS			6.3 ST	REET ADDRESS				ſ	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND THEED OF PRINTED YAME OF SIGNING OFFICER OF SIRECTOR

75/99 813-973-20