

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Madigan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S20431** (0)

1. Corporation Name

STONEHOUSE ENGINEERING SERVICES CORP.



Principal Place of Business

**2329 LONGBOAT DRIVE
NAPLES FL 33942
US**

Mailing Address

**2329 LONGBOAT DRIVE
NAPLES FL 33942
US**

2. Principal Place of Business

21. **SAME**
State, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. **SAME**
State, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

3. Date Incorporated or Qualified
01/01/1991

3a. Date of Last Report
02/22/1995

4. FEI Number

65-0235854

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HAUSTEIN, NORMAN
2329 LONGBOAT DRIVE
NAPLES FL 33942**

10. Name and Address of New Registered Agent

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 607.06(2) and 607.15(8), 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 607.06(4), Florida Statutes.

SIGNATURE

12. **PST
HAUSTEIN, NORMAN
2329 LONGBOAT DR.
NAPLES FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. NAME

8. STREET ADDRESS

9. CITY, STATE, ZIP

10. TITLE

11. NAME

12. NAME

13. STREET ADDRESS

14. CITY, STATE, ZIP

15. TITLE

16. NAME

17. NAME

18. STREET ADDRESS

19. CITY, STATE, ZIP

20. TITLE

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE

26. NAME

27. NAME

28. STREET ADDRESS

29. CITY, STATE, ZIP

14. I hereby certify that the information supplied by the filer is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(a), Florida Statutes. I further certify that the information included 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 registrar 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 new appointment with an address.

SIGNATURE

Norman C. Haustein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-96 914 623 0157

CR2E034 (12/95)