FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S40719** **(4)**

1. Corporation Name
SABLESTONE, INC.

Principal Place of Business
4876 VICTOR STREET
JACKSONVILLE FL 32207

Mailing Address
4876 VICTOR STREET
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: **03/20/1991**
3a. Date of Last Report: **03/31/1995**

4. FEI Number: **59-3061234** ☐ 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 authority for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ALLEN, BRINTON & SIMMONS, P.A.
3220 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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 Section 607.0502 and 608.1505, 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. To the best of my knowledge and belief, the corporation has been informed with, and accepts the obligations of, Section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	~~PDT~~ CDT	☐ DELETE
NAME	STILL, ~~ROBERT H~~ Richard S.	
STREET ADDRESS	4876 VICTOR STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVS	☐ DELETE
NAME	FIELDER, WILLIAM H.	
STREET ADDRESS	4876 VICTOR STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	OTTENSTROER, DUANE	
STREET ADDRESS	1301 RIVER PLACE BLVD-SUITE 2340	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	KLICKER, KEN	
STREET ADDRESS	10969 CREEKVIEW DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	BARKER, JAMES M. I	
STREET ADDRESS	1820 STATE RD. 13, STE 1	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	STILL, DR ROBERT J	
STREET ADDRESS	4125 HIDDEN BRANCH DR., N.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	DV	☐ Change ☒ Addition
2 NAME	MICHAEL CARRENDER	
3 STREET ADDRESS	4876 VICTOR STREET	
4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
5 TITLE	PD	☐ Change ☒ Addition
6 NAME	PATRICK HOPKINS	
7 STREET ADDRESS	4876 VICTOR STREET	
8 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: Michael W. Carrender 3-28-96 904-733-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR