

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32207-7967



2. Principal Place of Business

21 7380 Philips Hwy

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Jacksonville, Florida

Zip

Country

24 32256

25

2a. Mailing Address

26 7380 Philips Hwy

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Jacksonville, Florida

Zip

Country

29 32256

30

3. Date Incorporated or Qualified

03/20/1991

3a. Date of Last Report

04/02/1996

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 liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CDT	STILL, RICHARD S	4876 VICTOR STREET	JACKSONVILLE FL	<input type="checkbox"/>
DVS	FIELDER, WILLIAM H.	4876 VICTOR STREET	JACKSONVILLE FL	<input type="checkbox"/>
D	OTTENSTROER, DUANE	1301 RIVER PLACE BLVD-SUITE 2340	JACKSONVILLE FL	<input type="checkbox"/>
D	KLUICKER, KEN	10969 CREEKVIEW DR.	JACKSONVILLE FL	<input type="checkbox"/>
D	BARKER, JAMES M. I	1820 STATE RD. 13, STE 1	JACKSONVILLE FL	<input type="checkbox"/>
D	STILL, DR ROBERT J	4125 HIDDEN BRANCH DR., N.	JACKSONVILLE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PRESIDENT	PATRICK J. HOPKINS	7380 PHILIPS HWY STE 200	JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

14. I do 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, checked, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0032119

CR2E034 (9/96)