05-05-1999 90112 030 ***150.00

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

1. Corporation	MENT # S44459 STONE BUILDERS, INC.							
Principal Place	e of Business	Mailing Address				I INDITIONAL TIT PINTE BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH		
1415 SLIGH BLVD. ORLANDO FL 32806 US		P O BOX 1027 WINTER PARL FL 32790-1027 US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 04/08/1991		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				59-3059052	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc				F Contiferate of Status Desired	5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip Coun 29 30				Toronia Toporty Tax.	Personal Property Tax. Yes No	
ļ	9. Name and Address of Curren	t Registered Agent		04	l Name	10. Name and Address of New Registered Agent		
MARTIN, JOHN FOSTER				81		dress (P.O. Box Number is Not Acceptable)		
1011 LAKE DAVIS DRIVE			02	Sueer	Address (F.O. Box Number is Not Acceptable)			
ORLANDO FL 32806				83				
				84	City	FL 85	Zip Code	
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.		D DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE	D	DELETE	1.1	TITLE		☐ Cha	nge 🗌 Addition	
NAME	MARTIN, RANDOLPH G.		1.3	NAME	1			
STREET ADDRESS	1011 LAKE DAVIS DR.		1.3	STREE	T ADORESS			
CITY-ST-ZIP			CITY-S	ST-ZIP				
TITLE	D	☐ DELETÉ	2.	1 TITLE		☐ Cha	inge 🗀 Addition	
NAME	MARTIN, MONICA M.		2.3	NAME			İ	
STREET ADDRESS	1011 LAKE DAVIS DR.		2.3	3 STREE	TADDRESS			
CITY-ST-ZIP	ORLANDO FL		2.	4 CITY-	ST-ZIP			
TITLE	D.	☐ DELETE	3.	1 TITLE		Cha	nge 🗌 Addition (
NAME	MARTIN, JOHN FOSTER		3.:	2 NAME				
STREET ADDRESS	1011 0 112 0 1111		3 STREE	TADDRESS				
CITY-ST-ZIP	ORLANDO FL		_	3.4. CITY-ST-ZIP			inge	
TITLE		☐ DELETE		1 TITLE		Cha	inge [] Addition	
NAME				2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				4 CITY-S	ST-ZIP	☐ Che	inge . Addition	
TITLE		☐ DELETE		1 TITLE			ings . In Modicion	
NAME			- 1	2 NAME	TADDOCCO		(有名) \$ X	
STREET ADDRESS			5.3	3 STREE	TADDRESS			

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, evon an attachment with an address, with all other like empowered. CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

TITLE

☐ DELETE

Change

Addition