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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S47126

(5)

FILED
Jan 23 1998 8:00am
Secretary of State

STONES UNLIMITED, INC. Principal Place of Business Mailing Address 15203 TILWOOD PLACE P.O. BOX 273737 TAMPA FL 33618 **TAMPA FL 33688** DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 04/23/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For P.O. BOX 273737 15203712W00D 59-3065030 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 8 25 HILLSBOAD 29 336 9. Name and Address of Current Registered Agent ILLEBORD Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name TODD, THOMAS E. 7619 LITTLE ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 250 83 **NEW PORT RICHEY FL 34654** 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 little if applicable (NOTE: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ■ Addition TITLE 11 TITLE ANDREWS, CHARLOTTE L. 12 NAME NAME 15203 TILWOOD PLACE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33618** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 THUE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 supplier or all 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 of the section of the corporation of the section of the section

CHATURE - hallotte I Make con 1-14-98

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