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U col	PROFIT RPORATION UAL REPORT	Sandr	PARTMENT OF STATE a B. Mortham etary of State		
	1996	<i>∞</i> -/	F CORPORATIONS		
DOCU	MENT # S916	606 (1))		
,	RONI'S CAST STONE, INC).		† 	BIAR BAUF BARN BARN BARN BARN BARN BARN BARN
	e of Business	Mailing Address			
5169 EDGEWOOD CT JACKSONVILLE FL 32254 US		5169 EDGEWOOD Jacksonville Fl Us			
				3. Date Incorporated or Qualified 01/01/1992	3a. Date of Last Report 03/02/1995
. Principal P	lace of Business	2a. Mailing Address 26		4. FEt Number 59-3095473	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	Not Applicable \$8.75 Additional
City & Stat	e	City & State		Election Campaign Financing	Fee Required
Zio	Country	28		Trust Fund Contribution	\$5.00 May Be Addled to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes 🛣 Yes	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
	ONI, WILLIAM CRAIG .	,		Address (P.O. Box Number is Not Acceptab	le)
	EDGEWOOD CT			address (F.O. Box Number is Not Acceptab	——————————————————————————————————————
JACK	SONVILLE FL 32254		83		
			<u> </u>		
			84 City		FL 85 Zip Code
OF FEGISIES	iou agent, of doni, in the state of fibr	ida. Shch chande was aumon	tes, the above-named cor	rporation submits this statement for the purpoperd of directors. I hereby accept the appo	FL
familiar wi	th, and accept the obligations of, Sec	ction 607.0505, Florida Statute	tes, the above-named co zed by the corporation's t s.	poard of directors. I hereby accept the appo	FL
familiar wi	th, and accept the obligations of, Sec Stgnature, typed or printed name of registered ager	ction 607.0505, Florida Statute	tes, the above-named conged by the corporation's testing. OTE: Rogistered Agent signature re-	poard of directors. Thereby accept the apport	pose of changing its registered officintment as registered agent. I am
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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, or on an attachment with an address.

SIGNATURE: X W LICENSTRUCTURE AND TYPED OR PRINTED ARMS OF SIGNING OFFICER OR DIRECTOR

William Craig Pedroni 2-2-96 904-783-1690