FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # V18509

(2)

LEDINGTON STUCCO & STONE, INC.							
Principal Place of Business Mailing Address							
23003 LAKE Brooksvili US	LINDSEY RD LE FL 34601	23003 LAKE LINDSEY BROOKSVILLE FL 346 US	_				
				3. Date Incorporated or Qualified 03/04/1992	3a. Date of La 04/11	ast Report 1 /1995	
2. Principal Pla	ace of Business	2a. Mailing Address 26	failing Address		4. FEI Number 59-3109170		Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing		5.00 May Be	
23		28		Trust Fund Contribution	<i>p</i>	Added to Fees	
Zip 24	Country 25	Zip Country 29 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New R	egistered Agen	t
LEDINGTON, RONALD 23003 LAKE LINDSEY ROAD BROOKSVILLE FL 34601					idres (P.O. pyx Numberis 10 Acceptab	FL 85	Zip Code
familiar wit	ed agent, or both, in the state of Floric h, and accept the obligations of, Secti Sunature typed or printed name or registered agent.	ia. Such change was authorize on 607.0505, Florida Statutes and title if applicable (NO	ed by the c	orporation's bo	red when reinstating)	pose of changing bintment as regist \$. \$ - \$	tered agent. I am
12.	OFFICERS AND	OFFICERS AND DIRECTORS 13			ADDITIONS/CHANGES TO OFF		
TITLE NAME	VASQUEZ, JOSE JR.		1.17i			Cha	ange 🔲 Addition
STREET ADDRESS		FOR CHAPON OF		ME KEET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL	WOURLE EL		Y-ST-ZIP			
TITLE	PSD	DELETE 2.11				☐ Cha	inge Addition
NAME	LEDINGTON, RONALD D.	22N		ME		•	
STREET ADDRESS	23003 LAKE LINDSEY RD			REET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL	14		Y-SI-ZIP			
TITLE NAME	LEDINGTON, TIMOTHY W.	ON TRIOTHY W				Cha	ange 🔲 Addition
STREET ADDRESS	456 JACKSON AVE		32 NA	reft address			
CITY-ST-ZiP	BROOKSVILLE FL			Y-ST-ZIP		-	
TITLE		DELETE	4 1 Ti			Cha	inge 🗍 Addition
NAME 4			4 2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-SI-ZIP	,			Y - ST - ZIP			
TITLE		☐ DELETE				☐ Cha	inge 🔲 Addition
NAME	\		5 2 NA	ME.			
STREET ADDRESS	`		53 \$11	REFT ADDRESS			
CITY-ST-ZIP				Y - ST - ZIP			
TITLE	PRO 10 10 10 10 10 10 10 10 10 10 10 10 10		6110	LE		[_] Cha	inge Addition
NAME -			6.2 NA	ME			
STREE1 ADDRESS			63511	REET ADORESS			
CITY-ST-ZIP			64 CH	Y-ST-ZIP			

I. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

Daytime Prione # 102