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

**PROFIT** 

SIGNATURE:

Mar 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V58313 (0)STONE BOLDT, INC. Principal Place of Business Mailing Address 5508 MARINA DRIVE 5508 MARINA DR SUITE A SUITE A DO NOT WRITE IN THIS SPACE SARASOTA FL 34217 SARASOTA FL 34217 3. Date Incorporated or Qualified 08/14/1992 4. FEI Numbe 2a. Mailing Address Applied For 110.25 65-0363376 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be ADENTON Bradenton Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible MSA Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SINDEN, WATSON R. 501 1 AVE N Street Address (P.O. Box Number is Not Acceptable) SUITE 404 83 ST PETERSBURG FL 33701 64 City Zip Code 85 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, typed or printed name of registered agent and title if applicable ed when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 12. 13. DELETE 1.1 TITLE D TITLE STONE, ROBERT G. 1.2 NAME NAME HOUR BRISTOL BAY 5508 MARINA DR 1.3 STREET ADDRESS STREET ADDRESS BRADENTON, FZ HOLMES BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2 1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 14. Thereby certify that the information supplied with this filling 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 corporate of or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if change of the carried of the receiver of the corporate of the corp

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FLORIDA DEPARTMENT OF STATE

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