

1995

DEPARTMENT OF REVENUE
STATE OF FLORIDA

95 APR 21 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068627 (7)

REDSTONE RESOURCES & FUNDING CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
3801 SOUTH NINE DRIVE
STE 33
VALRICO FL 32809
US

Mailing Address
3801 SOUTH NINE DRIVE
STE 33
VALRICO FL 32809
US

3. Date Incorporated or Qualified 10/01/1993
4. Date of Last Report 04/18/1994
4. FBI Number 65-0441448
5. Certificate of Status Desired \$8.75 Additional Fee
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

21. Principal Place of Business
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
EDBERG, HUGO C
101 E. KENNEDY BOULEVARD
BARNETT PLAZA - SUITE 2560
TAMPA FL 33602-5157

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EDBERG, HUGO C
STREET ADDRESS	526 LUZON AVENUE
CITY-ST-ZIP	TAMPA FL 33606
TITLE	VPST
NAME	WIMBLE, NANCY
STREET ADDRESS	3801 S NINA DR
CITY-ST-ZIP	VALRICO FL
TITLE	PD
NAME	WIMBLE, WILLIAM R
STREET ADDRESS	3801 SO NINE DR
CITY-ST-ZIP	VALRICO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edberg, Hugo C
1.3 STREET ADDRESS	907 Crows Nest Lane
1.4 CITY-ST-ZIP	Tampa, FL - 33602
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPST Director
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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.

SIGNATURE: William R. Wimble/William R. Wimble 4-18-95 813-681-5209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Phone #)