

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000068627 (7)

1. Corporation Name  
**REDSTONE RESOURCES & FUNDING CORP.**



Principal Place of Business  
**3801 SOUTH NINE DRIVE  
~~STE 93~~  
VALRICO FL 33594  
US**

Mailing Address  
**3801 SOUTH NINE DRIVE  
~~STE 83~~  
VALRICO FL 33594  
US**

3. Date Incorporated or Qualified: **10/01/1993**  
3a. Date of Last Report: **04/21/1995**  
4. FEI Number: **65-0441448**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing (Trust Fund Contribution):  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 **3801 South Nine Drive**  
Suite, Apt. #, etc.  
22  
City & State: **Valrico, Fl.**  
Zip: **33594** Country: **Hillsborough**  
23  
24 **33594** 25 **Hillsborough**  
26 **3801 South Nine Dr**  
Suite, Apt. #, etc.  
27  
City & State: **Valrico, Fl.**  
Zip: **33594** Country: **Hillsborough**  
28 **33594** 29 **Hillsborough**  
30 **Hillsborough**

9. Name and Address of Current Registered Agent  
**EDBERG, HUGO C  
101 E. KENNEDY BOULEVARD  
BARNETT PLAZA - SUITE 2560  
TAMPA FL 33802-5157**

10. Name and Address of New Registered Agent  
81 Name: **William R. Wimble**  
82 Street Address (P.O. Box Number is Not Acceptable): **3801 South Nine Drive**  
83  
84 City: **Valrico, Fl.** FL 85 Zip Code: **33594**

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: **William R. Wimble - Pres**  
Signature typed or printed name of registered agent and date: **5-1-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EDBERG, HUGO C</b>	
STREET ADDRESS	<b>907 CROWS NEST LANE</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>VSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>WIMBLE, NANCY</b>	
STREET ADDRESS	<b>3801 S NINA DR</b>	
CITY - ST - ZIP	<b>VALRICO FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WIMBLE, WILLIAM R</b>	
STREET ADDRESS	<b>3801 SO NINE DR</b>	
CITY - ST - ZIP	<b>VALRICO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>Tampa, Fl. 33602</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3801 S. NINE DRIVE</b>
2.4 CITY - ST - ZIP	<b>Valrico, Fl. 33594</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>Valrico, Fl. 33594</b>
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 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.

SIGNATURE: **William R. Wimble**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-96** **8131681-5208**  
Date Date Printed

CR2E034 (12/95)