

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 607.1502, 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 its officer, director, or authorized signatory.

5-1-96
NOTE: Registered Agent Signature required for filing.
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EDBERG, HUGO C	
STREET ADDRESS	907 CROWS NEST LANE	
CITY - ST - ZIP	TAMPA FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	WIMBLE, NANCY	
STREET ADDRESS	3801 S NINA DR	
CITY - ST - ZIP	VALRICO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIMBLE, WILLIAM R	
STREET ADDRESS	3801 SO NINE DR	
CITY - ST - ZIP	VALRICO FL	
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	Tampa, Fl. 33602
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3801 S. NINE DRIVE
2.4 CITY - ST - ZIP	Valrico, Fl. 33594
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Valrico, Fl. 33594
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

CR2E034 (12/95)