

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

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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
~~376-00~~
VALRICO FL 33594
US

Mailing Address
3801 SOUTH NINE DR
~~376-00~~
VALRICO FL 33594-8268
US

3. Date Incorporated or Qualified
10/01/1993

3a. Date of Last Report
05/01/1996

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
 Suite, Apt. #, etc.
Delete Ste 33
 City & State

2a. Mailing Address
 26
 Suite, Apt. #, etc.
Delete Ste 33
 City & State

23
 Zip
 24
 Country
 25

27
 Zip
 28
 Country
 29
 30

9. Name and Address of Current Registered Agent
WIMBLE, WILLIAM R
3801 SOUTH NINE DR
BARNETT PLAZA - SUITE 2560
VALRICO FL 33594

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 Dr
 83
 84 City
Valrico
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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 NINS 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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	300002073343
6.4 CITY-ST-ZIP	-01/30/97--01027--013 ***165.00

14. I do hereby certify that the information supplied with this filing 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 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

Date _____ Daytime Phone # _____

CR2E034 (9/96)