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

**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT # 605874 KEN BORN STONE COMPANY, INC. Principal Place of Business 426 GOVERNMENT ST VALPARAISO FL \$2580 2. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 CARDER, HAROLD D., JR. 426 GÖVERNMENT STREET VALPARAISO FL 32580

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 23 1998 8:00am Secretary of State



Mailing Address 426 GOVERNMENT ST VALPARAISO FL 32580 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/05/1979 2a. Mailing Address 4. FEI Number Applied For 59-1871794 Not Applicable 26 Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 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. (NOTE: Registored Agent signature required when reinstating)

**SIGNATURE** Signature, typed or printed nacic of registered argent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition TITLE □ DELETE 1.1 TITLE ☐ Change CARDER, CHARDELL Y NAME 1.2 NAME **426 GOVERNMENT STREET** STREET ADDRESS 1.3 STREET ADDRESS VALPARAISO, FLORIDA32580 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CARDER, HAROLD D JR NAME 2.2 NAME 426 GOVERNMENT STREET STREET ADDRESS 2.3 STREET ADDRESS VALPARAISO, FLORIDA32580 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE **OBERHAUS, TIMOTHY A** NAME 3.2 NAME 426 GOVERNMENT ST. STREET ADDRESS 3.3 STREET ADDRESS VALPARAISO FL CITY-ST-ZIP 3.4. CITY-\$1-7IP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DELETE Addition Change TITLE 5.1 TITL€ 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby 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 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.