

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 MAY -1 PM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K86299 (0)
1. Corporation Name
DAYTONA MARBLE, INC.

Principal Place of Business: 1170 N. US HIGHWAY 1
ORMOND BEACH FL 32174
US

Mailing Address: 1170 N. US HIGHWAY 1
1709 NOVA RD
ORMOND BEACH FL 32174
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/01/1989	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2949024	Applied For ☐ Not Applicable
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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

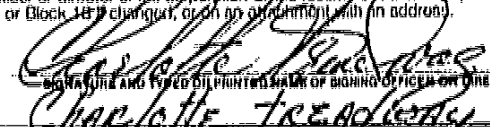
9. Name and Address of Current Registered Agent TREADWAY, CHARLOTTE A 349 S ORCHARD ST ORMOND BCH FL 32174	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant 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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	☐ Change ☐ Addition
NAME	TREADWAY, CHARLOTTE A.	1.2 NAME	
STREET ADDRESS	349 S. ORCHARD ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TREADWAY, TERRILL	2.2 NAME	
STREET ADDRESS	2324 ORIOLE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTH DAYTONA FL	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	TREADWAY, DARELL	3.2 NAME	
STREET ADDRESS	349 S. ORCHARD ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charlotte Treadway

4/29/95 904-622-0453