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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L06336** (6)  
1. Corporation Name  
**CERAMICS & SUCH, INC.**

Principal Place of Business: **3911 SE LAKE WEIR AVE  
OCALA FL 34480  
US**

Mailing Address: **3911 SE LAKE WEIR AVE  
OCALA FL 34480  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>519 NE 36<sup>th</sup> Avenue</b>	26 <b>519 NE 36<sup>th</sup> Avenue</b>	<b>08/01/1989</b>	<b>02/10/1994</b>
22	27	4. FEI Number	Applied For
23 <b>Ocala, Fl.</b>	28 <b>Ocala, Fl.</b>	<b>59-2963020</b>	Not Applicable
24 <b>34470</b>	29 <b>34470</b>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 <b>USA</b>	30 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HAMRICK, MARY, ANN 3911 SE LAKE WEIR AVE OCALA 34480</b>		81 Name	<b>Hammick, Mary Ann</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>519 NE 36<sup>th</sup> Avenue</b>
		83	
		84 City	<b>Ocala</b>
		85 State	<b>FL</b>
		86 Zip Code	<b>34470</b>

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 resubmitting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMRICK, MARY ANN	1.2 NAME	
STREET ADDRESS	1228 NE 19TH AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	OCALA FL	1.4 CITY- ST- ZIP	<b>34470</b>
TITLE	VST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMRICK, DAVID O.	2.2 NAME	
STREET ADDRESS	7303 18TH AVE NORTHWEST	2.3 STREET ADDRESS	
CITY- ST- ZIP	BRADENTON FL	2.4 CITY- ST- ZIP	<b>34209</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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. 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 of Change(s), or in an attachment with an address.

SIGNATURE: Mary Ann Hammick (MARY ANN HAMRICK) 2-27-95 904-624-3363  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR