

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 209611

1. Corporation Name
G & M TERRAZZO CO.

Principal Place of Business

1858 NW 21 ST
POMPANO BCH FL 33069
US

Mailing Address

1858 NW 21 ST
POMPANO BCH FL 33069
US

FILED
Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90052 011 *****158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1958

4. FEI Number

59-0797360

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

PAUL, MARY LOU
1858 NW 21 ST
POMPANO BCH FL 33069

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS ☐ DELETE
NAME PAUL, MARY LOU
STREET ADDRESS 5278 BOCA RATON MARINA CIRCLE SOUTH
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ DELETE
NAME PAUL, TERRANCE
STREET ADDRESS 5790 HARBORAGE DR
CITY-ST-ZIP FT. MYERS FL

TITLE PD ☐ DELETE
NAME PAUL, DENNIS
STREET ADDRESS 5278 BOCA MARINA CIRCLE SOUTH
CITY-ST-ZIP BOCA RATON FL 33487

TITLE VD ☐ DELETE
NAME PAUL, HARRY
STREET ADDRESS 4714 HOLLYW DR
CITY-ST-ZIP TAMARAC, FL 00000

TITLE D ☐ DELETE
NAME PAUL, TIMOTHY
STREET ADDRESS 5778 ELIZABETH ANN WAY
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)