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

APPROVED AND FILED

95 MAY -1 PM 6:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **458804** **(2)**

1. Corporation Name

FLORENTINE MARBLE CO., INC.

Principal Place of Business	Mailing Address
630 N E 3RD STREET **BOYNTON BEACH FL 33435**	**630 N E 3RD STREET** **BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/30/1974**	3a. Date of Last Report: **04/27/1994**
4. FEI Number: **~~NOT APPLICABLE~~ 59-1571796**	☐ 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	2a. Mailing Address
21 [redacted]	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

NICHOLS, JOHN C.
22 SABAL ISLAND DR.
BOYNTON BCH FL 33435

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
NAME	**NICHOLS,JOHN C.**	12 NAME	
STREET ADDRESS	**22 SABAL ISLAND DR.**	13 STREET ADDRESS	
CITY ST ZIP	**BOYNTON BEACH FL**	14 CITY ST ZIP	
TITLE	**VD**	21 TITLE	☐ Change ☐ Addition
NAME	**NICHOLS,ELIZABETH M.**	22 NAME	700001473937
STREET ADDRESS	**3050 N.E. 49 COURT**	23 STREET ADDRESS	-05/03/95--01142--021
CITY ST ZIP	**LIGHTHOUSE PT FL**	24 CITY ST ZIP	****200.00 ****200.00
TITLE	**ST**	31 TITLE	☐ Change ☐ Addition
NAME	**NICHOLS, JOAN M.**	32 NAME	
STREET ADDRESS	**22 SABAL ISLAND DR.**	33 STREET ADDRESS	
CITY ST ZIP	**BOYNTON BCH. FL**	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	AJ 5/2
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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: John C Nichols Pres, 4/25/95 407-737-6722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN C. NICHOLS, PRES.

DH3043 OP