## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 635700 (8)Y & P CERAMICS, INC. Principal Place of Business Mailing Address 2106 BISPHAM ROAD 2106 BISPHAM ROAD SARASOTA FL 34231 SARASOTA FL 34231 3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1979 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1943136 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Zio Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name M. GURBADA VONNE YVONNE M. GURBADA 82 Street Ad Box Number is Not A 2106 BISPHAM ROAD 106 BISPHAM SARASOTA FL 34231 83 84 City Zip Code 3/23/ 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 85 SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS (12/95)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VST TIFLE DELETE 1 1 TITLE ☐ Change Addition COLEMAN, PATRICIA C NAME 1.2 NAME CR2E034 317 CITRUS DR STREET ADDRESS 1.3 STREET ADORESS NOKOMIS, FL 00000 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition GURBADA, YVONNE M NAME 2.2 NAME 7636 COVE TERR STREET ADDRESS 2 3 STREET ADDRESS SARASOTA, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change ☐ Addition 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TeT1 F DELETE 4. 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE ☐ Change ☐ Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6. 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 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)(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 cath; 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 73 if changed, or on an attachment with an address.

4/26/96 (941)924-2844

3 if changed, or on an attachment with an address.

SIGNATURE: