

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 647293

(0)

1. Corporation Name

BREVARD MARBLE, INC.

FILED
95 JUL 18 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% NORMAN C. POWERS
P.O. BOX 321602
COCOA BEACH FL 32931

Mailing Address

% NORMAN C. POWERS
P.O. BOX 321602
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/05/1979

3a. Date of Last Report

06/09/1994

4. FEI Number

59-3101047

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KAMMERUDE & ASSOCIATES, INC.
102 COLUMBIA DR.
SUITE #105
CAPE CANAVERAL FL 32920

Delete

10. Name and Address of New Registered Agent

81 Name

NORMAN POWERS

82 Street Address (P.O. Box Number is Not Acceptable)

101 AUCILA ROAD

83

84 City

COCOA BEACH

FL

95 Zip Code

32931

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

Norman Powers

(Signature of individual or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PS/D
POWERS, NORMAN
101 AUCILA LANE
COCOA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
KAMMERUDE, MARY A
102 COLUMBIA DR SUITE 105
CAPE CANAVERAL FL 32920

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
NORMAN POWERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 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:

Norman Powers

(Signature and typed or printed name of signing officer or director)

Date

(Anytime After 8)

CR2E034 (3/95)