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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:10

DOCUMENT # 751905 (1)

1. Corporation Name

SOUTHEASTERN CULTURED MARBLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
355 GUS HIPP BLVD ROCKLEDGE FL 32955	355 GUS HIPP BLVD ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1980
3a. Date of Last Report: 01/20/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☒ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUYSMAN, MICHEL, ESQ. 2000 S. DIXIE HIGHWAY SUITE 101 MIAMI FL 33133	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	TS	1.1 TITLE		☐ Change ☒ Addition
NAME	DESTEFANO, IRENE J	1.2 NAME		
STREET ADDRESS	355 GUS HIPP BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	32955	
TITLE	SD	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	EVANS, SHIRLEY	2.2 NAME	Fred Chavis	
STREET ADDRESS	500 N. HOAGLAND BLVD.	2.3 STREET ADDRESS	780 8th Court	
CITY-ST-ZIP	KISSIMMEE FL 34741	2.4 CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	PD	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GUERIN, RON	3.2 NAME	Jerry Hartman	
STREET ADDRESS	1657 UNIVERSITY PARKWAY	3.3 STREET ADDRESS	1733 Bunche Street	
CITY-ST-ZIP	SARASOTA FL 34243	3.4 CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		4.1 TITLE	V/D	☐ Change ☒ Addition
NAME		4.2 NAME	Thomas Higgins	
STREET ADDRESS		4.3 STREET ADDRESS	4491 S.E. Cheri Court	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irene J. DeStefano — Irene J. DeStefano 1-12-95 407-639-0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004087