

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G15941** (9)

1. Corporation Name
OLYMPIAN MARBLE, INC.

Principal Place of Business

4. ROBINA PELLERIN
4200 METZGER RD.
FORT PIERCE FL 34947

Mailing Address

P.O. BOX 2022
FT. PIERCE FL 34954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4200 Metzger Rd	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Fort Pierce, FL	28
Zip	Country
24 34947	25
29	30

3. Date Incorporated or Qualified 12/30/1982	
4. FEI Number 59-2256382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PELLERIN, ROBINA 4200 METZGER RD. FORT PIERCE FL 34947	81 Name William N. Fowler
	82 Street Address (P.O. Box Number is Not Acceptable) 4200 Metzger Rd
	83
	84 City Fort Pierce
	FL 85 Zip Code 34947

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 **William Neal Fowler (Pres.)** DATE **2/18/98**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PELLERIN, ROBINA	1.2 NAME
STREET ADDRESS BUCHANAN DR.	1.3 STREET ADDRESS
CITY-ST-ZIP FORT PIERCE FL	1.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOWLER, WILLIAM N.	2.2 NAME
STREET ADDRESS 9233 N INDIAN RVR DR.	2.3 STREET ADDRESS
CITY-ST-ZIP FORT PIERCE FL	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	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.

CR2E034 (10/97)