

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAY -1 AM 11:39****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT #**

1. Corporation Name

J07757**(4)****MARBLE FANTASY, INC.**

Principal Place of Business

Mailing Address

**% DON B. OLSON
26340 OLD 41 ROAD
BONITA SPRINGS FL 33923****% DON B. OLSON
26340 OLD 41 ROAD
BONITA SPRINGS FL 33923**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number
04/07/1986**05/01/1994**Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. **59-2658137** Status Desired ☒**\$8.75** Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

Zip

Country

Zip

Country

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

**OLSON, DON B.
26340 OLD 41 ROAD
BONITA SPRINGS FL 33923**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**PD
OLSON, DON B.
26941 MCLAUGHLIN BLVD SW
BONITA SPRINGS FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 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)(g), 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:**Don B. Olson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/27/95**

Date

813-947-2203

Telephone Number