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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J17736** (6)

1. Corporation Name
FLORENCE MARBLE AND GRANITE, INC.



Principal Place of Business
**6315 N. ANDERSON ROAD
TAMPA FL 33634
US**

Mailing Address
**6315 N ANDERSON ROAD
TAMPA FL 33634-8009
US**

3. Date Incorporated or Qualified
05/30/1986

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number
59-2672514

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIUSEPPE, FERRARO
14550 BRUCE B. DOWNS BLVD.
13-248
TAMPA FL 33613**

81 Name
Giuseppe Ferraro

82 Street Address (P.O. Box Number is Not Acceptable)
8213 Westridge

83

84 City
Tampa

85 Zip Code
FL 33615

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
P

NAME
FERRARO, GIUSEPPE

STREET ADDRESS
8213 WESTRIDGE

CITY, ST., ZIP
TAMPA FL

TITLE
S

NAME
FERRARO, MARJORIE S

STREET ADDRESS
8213 WESTRIDGE

CITY, ST., ZIP
TAMPA FL

TITLE
C

NAME
FERRARO, DAMIANO

STREET ADDRESS
2529 SHOREWOOD LANE

CITY, ST., ZIP
LAND O'LAKES FL

TITLE
VP

NAME
PIRRONE, SALVATORE

STREET ADDRESS
2529 SHOREWOOD LANE

CITY, ST., ZIP
LAND O'LAKES FL

TITLE
T

NAME
PIRRONE, ANTONELLA

STREET ADDRESS
2529 SHOREWOOD LN

CITY, ST., ZIP
LAND O'LAKES FL

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST., ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST., ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST., ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS
2521 shorewood lane

4.4 CITY, ST., ZIP
Land O'Lakes, FL 34639

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS
2521 shorewood Lane

5.4 CITY, ST., ZIP
Land O'Lakes FL 34639

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0367836

CR2E034 (9/96)