

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J48450 (7)

1. Corporation Name

MID-FLORIDA MARBLE, INC.



Principal Place of Business

Mailing Address

**3116 A FAIRVIEW AVE
TAVARES FL 32778**

**3116 A FAIRVIEW AVE
TAVARES FL 32778**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/23/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2743702

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

10. Name and Address of New Registered Agent

**HEANEY, GAYLE R.
6400 DORA DRIVE
MOUNT DORA FL 32757**

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 607.0602 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 of person to be named as registered agent in this statement

Signature of Registered Agent as previously registered when, if any, not changing

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **P HEANEY, GAYLE R.**
STREET ADDRESS **6400 DORA DR**
CITY-STATE-ZIP **MOUNT DORA FL**

2. TITLE ☐ DELETE

NAME **V RICHARDSON, DIANE**
STREET ADDRESS **600 W ROSEWOOD LN**
CITY-STATE-ZIP **TAVARES FL**

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2. 2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3. 3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4. 4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5. 5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6. 6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**Secretary
Robert Richardson
600 W. Rosewood Lane
Tavares, Fla 32778**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

352-343-7256

Date

Daytime Phone #

CR2E034 (12/95)