

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K39273

1. Corporation Name  
CLASSIC MARBLE, INC.

Principal Place of Business  
10990 49TH STREET NORTH  
CLEARWATER FL 34622  
US

Mailing Address  
10990 49TH STREET NORTH  
CLEARWATER FL 34622  
US

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90128 011 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1988

4. FEI Number

59-2914276

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 33762 Country

28 Zip 33762 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAY, NANCY A.  
14922 CROWN DR.  
LARGO FL 34644

81 Name THOMAS S. PLETCHER

82 Street Address (P.O. Box Number is Not Acceptable)  
3019 Bradford Circle

83

84 City Palm Harbor FL 85 Zip Code 34685

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

THOMAS S. PLETCHER

President

4/27/99

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 T  
NAME DIEHL, MARY BETH  
STREET ADDRESS 11751 ASHLEY COURT  
CITY-ST-ZIP SEMINOLE FL

DELETE

TITLE VPS  
NAME LAY, MILTON W.  
STREET ADDRESS 14922 CROWN DR.  
CITY-ST-ZIP LARGO FL

DELETE

TITLE VP  
NAME LAY, WILLIAM F.  
STREET ADDRESS 8355 WRENSWAY PASS  
CITY-ST-ZIP LARGO FL

DELETE

TITLE P  
NAME LAY, NANCY A.  
STREET ADDRESS 14922 CROWN DR.  
CITY-ST-ZIP LARGO FL

DELETE

TITLE VP  
NAME DIEHL, RONALD  
STREET ADDRESS 1175 ASHLEY COURT  
CITY-ST-ZIP SEMINOLE FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

President (P)  
THOMAS S. PLETCHER  
3019 Bradford Circle  
Palm Harbor, FL 34685

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

DAMARIS P. PLETCHER

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

S  
DAMARIS P. PLETCHER  
3019 Bradford Circle  
Palm Harbor, FL 34685

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS S. PLETCHER

4/27/99

727-573-1690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)