SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # K61954 (9)SUMNER MARBLE & GRANITE WORKS, INC. Principal Place of Business Mailing Address **\*SUSAN S. ALFORD %SUSAN S. ALFORD** 16-55TH STREET SOUTH 16-55TH STREET SOUTH ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1989 04/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3029562 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 П 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name ALFORD, SUSAN S. 16-55TH STREET SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33707 83 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signifular its perfor pricted name of regil tered agend and the it applicable (NOTE Registered Agent signature required when resist (Sng) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/E)TITLE DELETE 1.1 TITLE Change Addition NAME SUMNER, KATHRYN T. L2 NAME CR2E034 STREET ADDRESS 16-55TH STREET SOUTH 1.3 STREET ADDRESS CITY - ST - ZIF ST. PETERSBURG FL 1.4 CITY - \$1 - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME ALFORD, SUSAN S. 2.2 NAME STREET ADDRESS 16-55TH STREET SOUTH 2.3 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE \_\_\_ Change \_\_\_ Addition NAME ALFORD, RICHARD S 3.2 NAME STREET ADDRESS **16 55TH STR SO** 3.3 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 34 CITY-\$1-7P TITLE DELETE 4 1 TILE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C/TY - \$1 - ZIP TETLE DELETE 5.1 THLE Change Add tron NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 6.1 T.TUE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY - ST - ZIP 14. Ido hereby certify that the information supplied with this fixing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fronda Statutes 1 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. In at 1 am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachaged with an address.

IG OFFICER OR DIRECTOR

6/10/96 (813)321-5498

SIGNATURE: Lusan O. C.