

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K68901

(3)

1. Corporation Name

PROGRESSIVE MARBLE INC.



Principal Place of Business

1255 BELLE AVE. STE 114, 115, 116
WINTER SPRINGS FL 32708

Mailing Address

1255 BELLE AVE. STE 114, 115, 116
WINTER SPRINGS FL 32708

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

OGLESBY, ELSA
1255 BELLE AVE
SUITES 114 & 155
WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified

02/23/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2958420

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

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 617.1508, 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 accepting appointment as registered agent)

(Signature of person accepting appointment as registered agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	OGLESBY, ELSA	
STREET ADDRESS	300 CYPRESS WAY NORTH	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	P	☐ DELETE
NAME	LAYNE, DAVID M.	
STREET ADDRESS	300 CYPRESS WAY NORTH	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 (407) 696-4046

Date

Signature Printed

CR2E034 (12/95)