

**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 CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L00795 (9)
1. Corporation Name
SOUTHLAND MARBLE, INC.



Principal Place of Business RT. 1 BOX 410-76 MYAKKA CITY FL 34251	Mailing Address RT. 1 BOX 410-76 MYAKKA CITY FL 34251
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2. Principal Place of Business 21 6605 229 ST. E Suite, Apt. #, etc	2a. Mailing Address 26 SAME Suite, Apt. #, etc	3. Date Incorporated or Qualified 07/05/1989	3a. Date of Last Report 05/01/1995
22	27	4. FEI Number 65-0131448	Applied For Not Applicable
23 MYAKKA CITY City & State	28 SAME City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 34251 Zip	25 FLORIDA Country	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

TURNER, TERRY ROUTE 1, BOX 416-A MYAKKA CITY FL 34251	81 Name TURNER TERRY 82 Street Address (P.O. Box Number is Not Acceptable) 6605 229 ST. E 83 84 City MYAKKA CITY FL 85 Zip Code 34251
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, TERRY	12 NAME	
STREET ADDRESS	ROUTE 1, BOX 410-76	13 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, ESTHER	22 NAME	
STREET ADDRESS	ROUTE 1, BOX 410-76	23 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terry Turner 8/6/96 941-322-2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type) (Display Phone #)

CR2E034 (3/96)