
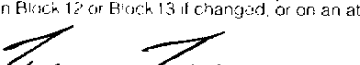


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
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	
2. Principal Place of Business 21 6605 229 ST. E Suite, Apt. #, etc. 22 City & State 23 MYAKKA CITY Zip Country 24 34251 25 FLORIDA		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 SAME Zip Country 29 34251 30 FLORIDA	
3. Date Incorporated or Qualified 07/05/1989		3a. Date of Last Report 05/01/1995	
4. FEI Number 65-0131448		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent TURNER, TERRY ROUTE 1, BOX 410-A MYAKKA CITY FL 34251		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		TURNER, TERRY 6605 229 ST. E MYAKKA CITY FL 34251	
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)			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	TURNER, TERRY		
STREET ADDRESS	ROUTE 1, BOX 410-76		
CITY - ST - ZIP	MYAKKA CITY FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	TURNER, ESTHER		
STREET ADDRESS	ROUTE 1, BOX 410-76		
CITY - ST - ZIP	MYAKKA CITY FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
62 NAME			
63 STREET ADDRESS			
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: 		8/6/96 941-322-2025	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (3/96)