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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L00795 (9)
1. Corporation Name
SOUTHLAND MARBLE, INC.

Principal Place of Business
6605 279 ST. E.
MYAKKA CITY FL 34251
US

Mailing Address
6605 279 ST. E.
MYAKKA CITY FL 34251
US

3. Date Incorporated or Qualified
07/05/1989

3a. Date of Last Report
08/09/1996

4. FEI Number
65-0131448

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

2. Principal Place of Business
21 6605 279 ST. E.
Suite Apt # etc.
22
City & State
23 MYAKKA CITY
Zip Country
24 34251 25 MANATEE

2a. Mailing Address
26 " "
Suite, Apt. #, etc.
27
City & State
28 " "
Zip Country
29 " 30 "

9. Name and Address of Current Registered Agent

TURNER, TERRY
6605 279 ST. E.
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 FL 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	TURNER, TERRY	1.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 410-78	1.3 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	TURNER, ESTHER	2.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 410-78	2.3 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: *Terry Turner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97 941-322-2095
Date Daytime Phone #

0626745

CR2E034 (9/96)