

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **L84195** (1)

95 MAY -1 PM 3:19

SIR RAMIC PORCELAIN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office of Incorporation: **% MICHAEL J. GLOTFELTY, 3609 CENTURY BLVD., STE. 4, LAKELAND FL 33811**
 Mailing Address: **% MICHAEL J. GLOTFELTY, 3609 CENTURY BLVD., STE. 4, LAKELAND FL 33811**

(DO NOT WRITE IN THIS SPACE)

| | |
|---|--|
| 3. Date of Incorporation or Reincorporation 07/01/1990 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-3031134 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaigns Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Office of Incorporation 21. 3615 Ventura Dr. W. State: FL | 2a. Mailing Address 26. 3615 Ventura Dr. W. State: FL |
| 22. City & State | 27. City & State |
| 23. Co. & State | 28. Co. & State |
| 24. Co. & State | 29. Co. & State |
| 25. City & State | 30. City & State |

| | | | |
|--|--|--|--------------|
| 9. Name and Address of Current Registered Agent GLOTFELTY, MICHAEL J. 301 E. MAXWELL ST. LAKELAND FL 33803 | | 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 607.0101, and 607.1108, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both of 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 the both last cited Florida Statutes.

SIGNATURE: _____ By: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | |
|--|--|--|----------------|
| NAME P GLOTFELTY, MICHAEL J 301 E MAEWELL ST LAKELAND FL | TYPE OF CHANGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | TYPE OF CHANGE |
| NAME VST GLOTFELTY, HANDY W 1086 TRACE PL LAKELAND FL | TYPE OF CHANGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | TYPE OF CHANGE |
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14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and checked equally for the corporation stated in last year's report. I further certify that the photographs included in this annual report or supplemental annual report are true and correct and that my signature shall have the same legal effect as if each member had signed as such for the corporation or the manager or director responsible for the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or an attached filing with an address.

SIGNATURE: *Michael Gloftelty* **Michael Gloftelty** 3-30-95 813 6480585