

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 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 # P93000002637 (5)

1. Corporation Name
SUPERIOR STONE, INC.



Principal Place of Business
2185 AVOCADO AVE.
MELBOURNE FL 32935
750 WASHBURN Rd.
MELBOURNE, FL 32934

Mailing Address
2185 AVOCADO AVE.
MELBOURNE FL 32935-6103
750 WASHBURN Rd.
MELBOURNE, FL 32934

2. Principal Place of Business
21 750 Washburn Rd.
Suite, Apt. #, etc.
22
City & State
23 Melbourne, FL
Zip
24 32934
Country
25 Brazil
26 750 Washburn Rd.
Suite, Apt. #, etc.
27
City & State
28 Melbourne, FL
Zip
29 32934
Country
30 Brazil

3. Date Incorporated or Qualified
01/07/1993

3a. Date of Last Report
04/22/1996

4. FEI Number
59-3161488

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

9. Name and Address of Current Registered Agent

J. SCOTT LANFORD, P.A.
3125 W. NEW HAVEN AVE.
SUITE 200
W. MELBOURNE FL 32904

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERLING, JOHN R	1.2 NAME	
STREET ADDRESS	2392 APPALACHIAN DRIVE	1.3 STREET ADDRESS	142-B VERSAILLES DR.
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERLING, TAMMI J	2.2 NAME	
STREET ADDRESS	2392 APPALACHIAN DRIVE	2.3 STREET ADDRESS	142-B VERSAILLES DR.
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

John R. Werling

4/30/97

407-242-8070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0103682

CR2E034 (9/96)