

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

INCORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
Telephone: 904-488-2222

APPROVED
AND
FILED

95 MAY 22 PM 10:15

DOCUMENT # P93000027079 (1)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DRYWALL CONSTRUCTION OF FLORIDA, INC.

Principal Office:
1015 N.W. 45TH AVE.
#105
MIAMI FL 33126

Mailing Address:
1015 N.W. 45TH AVE.
#105
MIAMI FL 33126

(DO NOT WRITE IN THIS SPACE)

2. Principal Office of Incumbent		3a. Date of Last Report	
21. State Agent		3b. Date of Last Report	
22. City & State		4. FID Number	
23. City		5. Certificate of Status (Required) ☐ \$8.75 Additional Fee Required	
24. City		6. Election Campaign Financing Trust Fund Contributions ☐ \$5.00 May Be Added to Fees	
25. City		7. This corporation has liability for advertising for under 5% of 1994 Florida Statutes ☐ Yes ☐ No	
26. City		8. This corporation has liability for advertising for under 5% of 1994 Florida Statutes ☐ Yes ☐ No	
27. City		9. Name and Address of Current Registered Agent	
28. City		10. Name and Address of New Registered Agent	
29. City		11. Name	
30. City		12. Street Address (P.O. Box Number is Not Acceptable)	
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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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05 MAY 20 11:01:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. WORTHAM
Secretary of State
1995-1999

DOCUMENT # **P93000028527 (8)**

1. Corporation Name

CLASSIC MARBLE & TILE, INC.

9551 ATLANTIC BLVD.
SUITE 469
JACKSONVILLE FL 32225

9551 ATLANTIC BLVD.
SUITE 469
JACKSONVILLE FL 32225

(DO NOT WRITE IN THIS SPACE)

2. Principal Office in Florida		2a. Mailing Address		3. Filing year (or fiscal year)	3a. Date of Last Report
21		26		04/16/1993	06/14/1994
22		27		4. Filing Number	Applied For
23		28		59-3180195	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		7. This corporation has liability for attorney fees under S. 199.032, Florida Statutes	Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKEL, DANIEL D
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

81	Name
82	Street Address (If no business is not acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 199.032 and 199.033, Florida Statutes, the undersigned corporation certifies the 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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 199.032, Florida Statutes.

SIGNATURE

(Signature of officer or director who is filing this report)

(Signature of registered agent or agent in charge)

or

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D KRYSPIN, BARRY L 9551 ATLANTIC BLVD. JACKSONVILLE FL 32225	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
TITLE	D MESSICK, JAMES 9551 ATLANTIC BLVD. JACKSONVILLE FL 32225	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY		CITY	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the reasons stated on this form. I, the undersigned, further certify that the information is submitted for the annual report on a voluntary basis and that no person shall have the right to inspect this report or the information contained therein. I, the undersigned, further certify that the information is submitted for the annual report on a voluntary basis and that no person shall have the right to inspect this report or the information contained therein. I, the undersigned, further certify that the information is submitted for the annual report on a voluntary basis and that no person shall have the right to inspect this report or the information contained therein.

SIGNATURE:

SIGNATURE AND TYPE OF TITLE OF REGISTERED OFFICER OR DIRECTOR

BARRY KRYSPIN - PRESIDENT

MAY 15, 95 (904) 720-0589

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
Christopher M. C. Davidson, Jr., Deputy

APPROVED
AND
FILED

5 MAY 22 1996 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000028958 (5)

1. Corporation Name

PC MENTALITY INC.

Principal Place of Business

2090 PALM BCH. LAKES BLVD.
SUITE 801
W PALM BCH. FL 33409

Mailings Address

2090 PALM BCH. LAKES BLVD.
SUITE 801
W PALM BCH. FL 33409

DO NOT WRITE IN THIS SPACE

3. Date of Registration Certificate

04/20/1993

3a. Date of Last Report

05/10/1994

2. Principal Place of Business

21

Suite, Apt. # or

22

City & State

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Zip

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24

2a. Mailing Address

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Suite, Apt. # or

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City & State

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Zip

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4. Fed Number

65-0465716

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. Does Corporation have liability for intangible tax under the
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARMAN, MICHAEL
1270 LARCH WAY
W PALM BCH. FL 33414

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. I, the undersigned, being a resident of this state, do hereby certify that the person named in the foregoing report as the registered agent of this corporation is a resident of this state and is qualified to act as such agent. I hereby accept the appointment as registered agent of this corporation.

SIGNATURE

Michael Carman

Michael Carman

5/11/95

12. ADDITIONAL REGISTERED AGENTS

NAME

STREET ADDRESS

CITY

STATE

ZIP

NAME

STREET ADDRESS

CITY

STATE

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STREET ADDRESS

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13. ADDITIONAL CHANGES TO OFFICERS, ETC. (SEE INSTRUCTIONS)

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NAME

STREET ADDRESS

CITY

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ZIP

14. I, the undersigned, certify that the information reported with this filing is substantially true and correct and equally for the foregoing filed as law in the State of Florida. I further certify that the statements made in this report are true and correct 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 and that I am qualified to execute this report as required by Chapter 137, Florida Statutes, and that my name appears in Block 13 of this filing. I am not an officer or director of the corporation.

SIGNATURE:

Michael Carman

Michael Carman

5/11/95

407 471-8472

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR