

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076263 (1)

1. Corporation Name

MD-STATE TILE & MARBLE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1128 NE 13TH AVE OCALA FL 34470 US	1128 NE 13TH AVE. 1128 NE 13TH AVE. OCALA FL 34470 US

3. Date Incorporated or Qualified 10/28/1993	3a. Date of Last Report 04/28/1994
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2. Principal Place of Business	2a. Mailing Address
21 6650 NW 135 Ave Suite, Apt. #, etc.	26 6650 NW 135 Ave Suite, Apt. #, etc.
22 City & State	27 City & State
23 Morrison FL Zip Country	28 Morrison FL Zip Country
24 32668 25 Marion	29 32668 30 Marion

4. FEI Number 65-0476644	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	10. Name and Address of New Registered Agent								
SWIFT, DAVID 1128 NE 13TH AVE OCALA FL 34470	<table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL 85 Zip Code</td> </tr> </table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL 85 Zip Code
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 printed name of registered agent and state if applicable) _____ (Typed) (Registered Agent signature required when registering) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIFT, DAVID	1.2 NAME	
STREET ADDRESS	1128 NE 13TH AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	OCALA FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this report and/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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or in an attachment with the address.

SIGNATURE: (Signature) AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ (Typed) **4/23/95** **904.732.3851** (Telephone Number)