## 5-8-98 B 6884 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045491 (5)

SOLID SURFACE SPECIALISTS, INC.

Mailing Address

Principal Place of Business 2396 SPRUCE ST 2396 SPRUCE ST DO NOT WRITE IN THIS SPACE NAPLES FL 34112 NAPLES FL 34112 3. Date Incorporated or Qualified 04/06/1994 20. Mailing Address
-- To(XXX) Taylor Rd 2. Principal Place of Business Applied For 6000 Toylor Ko 65-0522386 Not Applicable \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 2011ler ☐ Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PREWETT, DAN 5777 BENEVA RD S, UNIT 14 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34233 83 84 City Zip Code 85 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 OFFICERS AND DIRECTORS CR2E034 (10/97 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE NAME MUSSO, ROBERT E SR 1.2 NAME 2396 SPRUCE ST STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP 1.4 CITY - ST - 2IP DELETE Addition 2.1 TITLE TITLE NAME MUSSO, AMY 2.2 NAME STREET ADDRESS 2396 SPRUCE ST 2.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 31 TITLE HALLE 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition MALIF 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-21P 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-SY-ZIP

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

**FILED** 

May 08 1998 8:00am

Secretary of State