FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055906 (9)

1. Corporation Name
PREMIER MARBLE, INC.

Principal Place of Business	Mailing Address
1603 N.E. 32ND AVENUE OCALA FL 34470	1603 N.E. 32ND AVENUE OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2701 SW College Road	26 2701 SW College Road
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23 Ocala, FL	City & State 28 Ocala, FL
Zip 24 34474 Country 25 USA	Zip 29 34474 Country 30 USA

4. FEI Number: 59-3256298 ☐ 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 XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CROLEY, THOMAS 3101 S.W. 34TH AVENUE, #905-317 OCALA FL 34474	81 Name: Thomas Croley 82 Street Address (P.O. Box Number is Not Acceptable): 2701 SW College Road 83 Suite 101 84 City: Ocala FL 85 Zip Code: 34474

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: Thomas L Croley — Thomas Croley, President — 4/25/95
(Signature of New Registered Agent) (Name & Capacity) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition P/VP/T/S Thomas Croley 2701 SW College Road Suite 101 Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 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 added to the report with an address.

SIGNATURE: Thomas L Croley — Thomas Croley, President — 4/25/95 — (904)237-9494
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

0980760 CP