

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000055906 (9)**

1. Corporation Name

PREMIER MARBLE, INC.



Principal Place of Business

Mailing Address

**2701 SW COLLEGE ROAD
SUITE 101
OCALA FL 34474
US**

**2701 SW COLLEGE ROAD
SUITE 101
OCALA FL 34474
US**

2. Principal Place of Business

21 **1603 NE 32 Avenue**

Suite, Apt. #, etc.

22 City & State:
Ocala, FL

23 Zip

24 **34470**

Country

25 **USA**

2a. Mailing Address

26 **1603 NE 32 Avenue**

Suite, Apt. #, etc.

27 City & State:
Ocala, FL

28 Zip

29 **34470**

Country

30 **USA**

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

04/27/1995

4. FEI Number

59-3256298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**CROLEY, THOMAS
2701 SW COLLEGE ROAD
SUITE 101
OCALA FL 34474**

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

1603 NE 32 Avenue

83

84 City

Ocala

FL

85 Zip Code
34470

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(If 10) Registered Agent signature is given with a letter of resignation

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ DELETE
NAME **CROLEY, THOMAS**
STREET ADDRESS **2701 SW COLLEGE ROAD, SUITE 101**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Croley, President

3/18/96

(352)622-4499

Day:

Daytime Phone:

CR2E034 (12/95)