

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1803 NE 32 AVE
OCALA FL 34470
US

Mailing Address

1803 NE 32 AVE
OCALA FL 34470-4842
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

03/28/1996

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

8. Name and Address of Current Registered Agent

CROLEY, THOMAS
1803 NE 32 AVE
SUITE 101
OCALA FL 34470

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

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

(NOTE: Registered Agent signature required when re-issuing.)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DELETE

Change

Addition

TITLE PVTS
NAME CROLEY, THOMAS
STREET ADDRESS
CITY-ST-ZIP

DELETE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

Change

Addition

14. I do 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, changed, or on an attachment with an address.

CR2E034 (9/96)