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**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000055103 (2)**

1. Corporation Name  
**SEA COAST CUSTOM TITLE & MARBLE, INC.**



Principal Place of Business: 1830-J MURRELL ROAD, ROCKLEDGE FL 32855  
Mailing Address: 1830-J MURRELL ROAD, ROCKLEDGE FL 32855-3608

3. Date incorporated or Qualified: 07/17/1995  
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: 59-3324217  
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  No

9. Name and Address of Current Registered Agent  
SMITH, CALVIN  
1830-J MURRELL RD  
ROCKLEDGE FL 32855

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	SMITH, CALVIN 1830-J MURRELL ROAD ROCKLEDGE FL 32855	1.1 TITLE	
TITLE: VP	EMERSON, CHERYL S 832 BERSHIRE DR ROCKLEDGE FL 32855	2.1 TITLE	
TITLE: <del>VP</del>	TRIOLA, STEVE J 1326 ESTRIDGE DR ROCKLEDGE FL 32855	3.1 TITLE	VP
TITLE:		4.1 TITLE	SECRETARY LOWMEYER ASL HANSON 2511 S. STRATFORD DR COCOA FL 32926
TITLE:		5.1 TITLE	
TITLE:		6.1 TITLE	

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, 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: Calvin Smith DATE: 4/21/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone # 407 633-0058

CR2E034 (9/96)