FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Portnam: Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 P95000079462 (4) DOCUMENT # Corporation Name COUNTERTOP TECHNIQUES, INC. Principal Place of Business Mailing Address 831 RAILROAD STREET 831 RAILROAD STREET PORT ORANGE FL 32119 PORT ORANGE FL 32119 3. Date Incorporated or Qualified 3a. Date of Last Report 10/13/1995 Applied For 4. EEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing **\$5.00** May Be City & State Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Ζιρ ☐ Yes ☐ No Florida Statutes 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PERSICO, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 82 779 FOXHOUND DRIVE 83 PORT ORANGE FL 32124 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DÄIE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change [] Addition DELETE 5 1 Juli 2 TITLE PERSICO, RAYMOND 1.2 NAME NAME 779 FOXHOUND DRIVE 1.3 STREET ADDRESS STHEET ADDRESS **PORT ORANGE FL 32124** 14 CHY ST ZIP CITY-S1-ZIP Change Addition DELETE 2.1 [1].{ TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 C(TY - ST - Z)P CITY-ST-ZIP Change nc:tibbA [DELETE 3 1 I-ILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY+ST_ZIF CITY-ST-ZIP Addition ☐ Change DELETE 4 1 10116 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY STIZE CITY-ST-ZIP Add-tion ☐ Change DELFTE 5.1 III.E TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signate oath, that I am an officer or director of the corporation or the reporter or trustee empowered to execute this report as required by appears in Block 12 or Block 13 if or priged, or on an attachment with an address. 19.07(3)(k), Florida Statutes I further hall have the same legal effect as if made under

5.2 NAME

6 1 TIPLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

21

22

23

24

12

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY - ST - ZIP

DELETE