05-10-1999 90038 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700000752

1. Corporation Name

GRANITE AND MARBLE WORKS, INC.

Principal Place of Business Mailing Address							i Milita muser sut	101 S1410 1484 1881
4366 COUNTY ROAD 427 SANFORD FL 32773-6215		4366 COUNTY ROAD 427 SANFORD FL 32773-6215				DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed	3 3F ACE	
a Driverie al D	lace of Business	2a. Mailing Address				01/01/1997 4. FEI Number		Applied For
	tace of Business	F				59-3420640	<u> </u>	Not Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc				39 3420040		Additional
22		27	, 			5. Certifcate of Status Desired	Fee	Required
City & Stat	e	City & State				6. Election Campaign Financing		0 Мау Ве
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip		intry		8. This corporation owes the current year Ir		—
24	25	29	30			Personal Property Tax.	Yes	□No
,	9. Name and Address of Curren	t Registered Agent		Ļ.,		10. Name and Address of New Registered	Agent	
7				81	Name			
EBERHARDT, EDWARD V 4366 COUNTY ROAD 427				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
SANFORD FL 32773-6215				83			_	
				84	City	FI	85 Zi	o Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change v tions of, Section 607.0505	vas authorized 5, Florida Stat	d by tutes.	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint of the purpose of the purp	ointment as	registered
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	D DELETE 1.11		TLE			[] Chang	e	
NAME	EBERHARDT, EDWARD V 12N		AME					
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP			TY-\$1	-7IP				
TITLE	D	☐ DELET	DELETE 2.1 TIT				Chang	e 🔲 Addition
NAME	EBERHARDT, KRISTIN S		AMF					
			-	ADDRESS				
STREET ADDRESS	1							
CITY-ST-ZIP	LONGWOOD FL 32750	☐ DELE		TIF	1-415		[] Chang	e
TITLE	D EDEDUADOT ION E		3.1 N					_
NAME	EBERHARDT, JON E				ADDRESS			
STREET ADDRESS	520 FOX HUNT CIRCLE							ŀ
CITY-ST-ZIP			<u> </u>			☑ Chang	e Addition	
TITLE	D	☐ DELE		_	\	TONE, LARA A.	e oneng	
NAME	EBERHARDT, LARA A		4.21	_	/ 2	(ONE) LINE, II.		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750			TY-ST	- ZIP			
TITLE		☐ DETE.					Chang	e 🗌 Addition
NAME			5.2 N	. –				
STREET ADDRESS	}		5.3 S	TREET	ADDRESS			

CITY-ST-ZIP 14. I 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 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS:

STREET ADDRESS

CiTY-ST-ZIP

NAME

DELETE

4-30,99

Change

Addition