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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 20 1998 8:00am Secretary of State

		# P9700 & Marble, Inc		702 (8	)				
Principal Place of Business Mailing			Address			. CONTROL SER COLLE TRACE MAIN DOLLY BOLLY COLL COLL COLL COLL COLL COLL COLL	AN AN LOC ENNEE AN	10 1161 1861	
1042 SW PINE TREE LANE				1042 SW PINE TREE LANE					
PALM CITY	FL 34990		PALM	CITY FL 34990			DO NOT WRITE IN THIS:	00400	
							3. Date Incorporated or Qualified	SPACE	
							06/04/1997		
2. Principal	2. Principal Place of Business			2a. Mailing Address			4. FEI Number	Ar	plied For
21	ī			26			EIN 65-0760581	<del> </del>	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$8.75	
22			27	27			5. Certificate of Status Desired	Fee Re	quired
City & State			City	City & State			6. Election Campaign Financing	\$5.00	May Be
23			28		_		Trust Fund Contribution	Added 1	o Fees
Zip		Country	Zip		Country	y	8. This corporation owes or has paid the cur		
24		25	29		30				J No
D		and Address of Curre	nt Hegistered	Agent	81	Name	10. Name and Address of New Registered	Agent	
PALMER, ERNEST A III 1042 SW PINE TREE LANE					"	Ivaille			
PALM CITY FL 34990					82	Street Add	fress (P.O. Box Number is Not Acceptable)		
PALM CHT FL 34990					83				
					~	[			
					84	City	FL	85 Zip (	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes					ites the abov	e-named cor		changing it:	s registered
office or agent. I	regi <b>s</b> tered ag am f <b>a</b> miliar wi	ent, or both, in the Stat th, and accept the oblig	e of Florida. So gations of, Sec	uch change was ction 607.05 <b>0</b> 5, F	authorized b lorida Statute	y the corpora s.	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	ointment as	registered
SIGNATURE		or printed name of registered as	ont and title if appli	cable. (NC	OTE: Registered Apr	ent signatura regu	ulred when reinstating) DATE		
12.		OFFICERS AN	ND DIRECTOR	RS .	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	DP			☐ DELETE	1.1 TITLE			Change	Addition
NAME	1	R, ERNEST A III			1.2 NAME				
STREET ADDRESS		Y PINE TREE LANE			1.3 STREET	ADDRESS			
City-St-Zip	1	ITY FL 34990			1.4 CITY-S	ST-ZIP			
TITLE	DV	COMPATA ID		DELETE	2.1 TITLE			☐ Change	Addition
NAME		R, ERNEST A JR.			2.2 NAME				
STREET ADDRESS	1	V PINE TREE LANE			2.3 STREET	ADDRESS			İ
CITY-ST-ZIP	1	ITY FL 34990			2. 4 C(TY-	ST-ZIP	<u> </u>		
TITLE	DS DAI MED	VILL LE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	PALMER	I, RIM M V PINE TREE LANE			3.2 NAME				ļ
STREET ADDRESS	1072 01	A LINE THEE PARE			3.3 STREET	ADDRESS			
CITY-ST-ZIP		ITY FI 34990			■ 2.4 CITV.				
		ITY FL 34990		DELETE		ST-ZIP		Срория	Addition
TITLE		ITY FL 34990		☐ DEL <b>ete</b>	4.1 TITLE			☐ Change	Addition
TITLE NAME		ITY FL 34990	· <del></del>	☐ DELETE	4.1 TITLE 4. 2 NAME			☐ Change	Addition
TITLE NAME STREET ADDRESS		ITY FL 34990		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET	ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ITY FL 34990			4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ITY FL 34990		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS		☐ Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PALM C	ITY FL 34990			4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS IT-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PALM C	ITY FL 34990			4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS it-zip			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PALM C	ITY FL 34990			4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS it-zip			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PALM C	ITY FL 34990		□ DELETÉ	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS it-zip		☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PALM C	ITY FL 34990		□ DELETÉ	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS IT-ZIP  ADDRESS IT-ZIP		☐ Change	☐ Addition

14. Thereby 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.