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

PROFIT CORPORATION ANNUAL REPORT

1998

220 A 38TH ST N

ST PETERSBURG FL 33713



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000062509 (9)

ATLANTIC MARBLE PRODUCTS INC.

Principal Place of Business Mailing Address 201 22ND ST S 201 22NO ST S ST PETERSBURG FL 33712 ST PETERSBURG FL 33712 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/18/19</u>97 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3461763 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Country Zip Country Zin a. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FRIEDEMANN, PAUL

City Zip Code 85 11. Pursuant to the provisions of Sections 607,002 and 607,1908. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the date of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, 2003 cept the objections of, Section 607,0505, Florida Statutes.

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Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DITETE Addition Change TITLE 1.1 TITLE D NAME 1.2 NAME STREET ADDRESS 13 STREET ADDRESS 1.4 C(TY-ST-7/P) CITY-ST-ZIP 54. Pete, P1 33713 DELLIE TITLE 2.1 1ITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY ST-ZIP DELETE Change Addition TOTALE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3 4. CiTY - ST- ZiP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAMI NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6 1 1 ITLE Addition TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS ***15月.00 CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 trustoc empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if clyinged, or one introduced in the corporation of the control of the co

FILED

Jun 18 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable