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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000094414

Country

Brevard 9. Name and Address of Current Registered Agent

S.R. PETERSON TILE & MARBLE, INC.

Mailing Address Principal Place of Business 179 MARITIME PLACE 179 MARITIME PLACE ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/05/1998 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3542977 7255 Glentry Avenue 7255 Glentry Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 Cocoa, F1 Cocoa, F1.

32927

PETERSON, STEPHEN R 179 MARITIME PLACE **ROCKLEDGE FL 32955**

Zip

32927

220	vard Personal Property Tax.			<u> </u>
	10. Name and Address of New Reg	istered A	gent	
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable 7255 Glentry Avenue	•)		
83				-
84	City Cocoa	FL	85	Zip Code 32927

8. This corporation owes the current year Intangible

May 08, 1999 8:00 am Secretary of State

05-08-1999 90012 005 ***150.00

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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.

Country

30 T

SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE PETERSON, STEPHEN R 1.2 NAME NAME 179 MARITIME PLACE 13 STREET ADDRESS 7255 Glentry Avenue STREET ADDRESS **ROCKLEDGE FL 32955** 1.4 CITY-ST-ZIP <u>Cocoa, Fl. 32927</u> CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP [] Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME

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.

6 3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

CR2E034