

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S39776 (7)

1. Corporation Name

DONALD CAULFIELD MARBLE & TILE, INC.



Principal Place of Business

Mailing Address

3812 3RD ST. WEST
LEHIGH ACRES FL 33971

3812 3RD ST. WEST
LEHIGH ACRES FL 33971

3. Date Incorporated or Qualified
03/18/1991

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 19 CHARWOOD CIR

26 19 CHARWOOD CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

36-3759288

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

23 Lehigh Acres FL.

28 Lehigh Acres FL.

City & State

City & State

24 33936

Country

29 33936

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, ROBERT C.
2115 MAIN ST.
FT. MYERS FL 33901

81 Name

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

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CAULFIELD, DONALD
STREET ADDRESS 3812 3RD ST. WEST
CITY - ST - ZIP LEHIGH ACRES FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

PD CAULFIELD Donald
19 CHARWOOD CIRCLE
LEHIGH ACRES FL. 33936

☒ Change ☐ Addition

TITLE VD
NAME WINTERS, DAN
STREET ADDRESS 3507 30TH ST. SW
CITY - ST - ZIP LEHIGH ACRES FL

☒ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE STD
NAME BENSON, KIM
STREET ADDRESS 3812 3RD ST. WEST
CITY - ST - ZIP LEHIGH ACRES FL

☒ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/12/96 (941) 368-0473

CP2E034 (3/96)