SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -6 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75003** **(1)**

1. Corporation Name
GUIDO MARBLE & GRANITE, INC.

Principal Place of Business	Mailing Address
7200 ROSE AVENUE ORLANDO FL 32810-3415	7200 ROSE AVENUE ORLANDO FL 32810-3415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/20/1991	03/07/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	59-3079575	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Certified Copy (Additional Copies) ☐	$5.00 May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has been/is attempting tax under s. 193.052, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUIDETTI, GUIDO 7200 ROSE AVENUE ORLANDO FL 32810	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ NOTE: Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS		13. Additions and Changes	
11 TITLE	PD	11 TITLE	☐ Change ☐ Addition
12 NAME	GUIDETTI, GUIDO	12 NAME	
13 STREET ADDRESS	7200 ROSE AVE	13 STREET ADDRESS	
14 CITY ST ZIP	ORLANDO FL 32810-3415	14 CITY ST ZIP	
21 TITLE	VPD	21 TITLE	☐ Change ☐ Addition
22 NAME	[redacted] CHERI SLAVIS	22 NAME	
23 STREET ADDRESS	1100 SO. ORLANDO AVE. #804	23 STREET ADDRESS	
24 CITY ST ZIP	MAITLAND FL 32751	24 CITY ST ZIP	
31 TITLE	SD	31 TITLE	☐ Change ☐ Addition
32 NAME	GUIDETTI, GUIDO	32 NAME	
33 STREET ADDRESS	7200 ROSE AVE	33 STREET ADDRESS	
34 CITY ST ZIP	ORLANDO FL 32810-3415	34 CITY ST ZIP	
41 TITLE	DT	41 TITLE	☐ Change ☐ Addition
42 NAME	[redacted] CHERI SLAVIS	42 NAME	
43 STREET ADDRESS	1100 SO. ORLANDO AVE. #804	43 STREET ADDRESS	
44 CITY ST ZIP	MAITLAND FL 32751	44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: [signature] GUIDO GUIDETTI 06-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 291-1703

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