

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Bandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V71566**

**(6)**

1. Corporation Name

**SLATE & GRANITE IMPORTS, INC.**

Principal Place of Business

**4900 RIO VISTA AVE.  
TAMPA FL 33634**

Mailing Address

**4900 RIO VISTA AVE.  
TAMPA FL 33634**

**FILED**  
**95 JUL 21 PM 12:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

**23 City & State**

**24 Zip**

**Country**

2b. Mailing Address

**26 Suite, Apt. #, etc.**

**28 City & State**

**29 Zip**

**Country**

3. Date Incorporated or Qualified

**10/12/1992**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-3151832**

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

9. Name and Address of Current Registered Agent

**STAFFORD, S.L.  
14812 N. FLA. AVE.  
TAMPA FL 33613**

10. Name and Address of New Registered Agent

**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 607.1509, 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

(Signature of President or principal officer of corporation and title of agent)

(Signature of Registered Agent and title of agent)

DATE

12. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | <b>D</b>                   |
| NAME           | <b>STEIMLE, ROGER</b>      |
| STREET ADDRESS | <b>4900 RIO VISTA AVE.</b> |
| CITY, ST, ZIP  | <b>TAMPA FL 33634</b>      |
| TITLE          | <b>D</b>                   |
| NAME           | <b>STEIMLE, MARCIA</b>     |
| STREET ADDRESS | <b>4900 RIO VISTA AVE.</b> |
| CITY, ST, ZIP  | <b>TAMPA FL 33634</b>      |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY, ST, ZIP  |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY, ST, ZIP  |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY, ST, ZIP  |                            |

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY, ST, ZIP  |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY, ST, ZIP  |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY, ST, ZIP  |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY, ST, ZIP  |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY, ST, ZIP  |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY, ST, ZIP  |                                                                   |

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 110.02(3)(b), 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: X

*Marcia Steimle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCIA STEIMLE - DIRECTOR 7/15/95**

**813-881-0857**

0101705 CP

CR2E034 (3/95)