FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # S19602 **(9)**

1. Corporation Name
SKILLED MASONRY, TILE AND MARBLE, INC.

Principal Place of Business	Mailing Address
9845 CITADEL LANE APT. 205 BONITA SPRINGS FL 33923 US	9845 CITADEL ALNE APT 205 BONITA SPRINGS FL 33923 US

3. Date Incorporated or Qualified: 01/01/1991
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business
21: 10570 Woodchuck Lane
22: Suite, Apt. #, etc.
23: City & State: Bonita Springs, FL
24: Zip: 34135
25: Country: USA

2a. Mailing Address
26: 10570 Woodchuck Lane
27: Suite, Apt. #, etc.
28: City & State: Bonita Springs, FL
29: Zip: 34135
30: Country: USA

4. FEI Number: 65-0233962 ☐ 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

CRAWFORD, MARK
9845 CITADEL LANE
APT 205
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: Crawford, Mark
82 Street Address (P.O. Box Number is Not Acceptable): 10570 Woodchuck Lane
83:
84 City: Bonita Springs FL 85 Zip Code: 34135

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE	DPT	☐ Change ☐ Addition
NAME	CRAWFORD, MARK		1.2 NAME	Crawford, Mark	
STREET ADDRESS	9845 CITADEL LANE APT 205		1.3 STREET ADDRESS	10570 Woodchuck Lane	
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, CREIGHTON		2.2 NAME		
STREET ADDRESS	27236 MORGAN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 4/24/97 (941) 498-2396