FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L91103** **(6)**

1. Corporation Name
MAGOULIS TILE, INC.

Principal Place of Business
7210 RED OAK LOOP
NEW PORT RICHEY FL 34654

Mailing Address
7210 RED OAK LOOP
NEW PORT RICHEY FL 34654

3. Date Incorporated or Qualified: **08/01/1990**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-3029036** ☐ 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 is liable for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 ___
Suite, Apt. #, etc.
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 ___
Suite, Apt. #, etc.
27 ___
City & State
28 ___
Zip 29 ___ Country 30 ___

9. **Name and Address of Current Registered Agent**

FRY, J. MARSHALL
36370 US HIGHWAY 19 NORTH
NEW PORT RICHEY FL 34654

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 607.1508, 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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MAGOULIS, RICHARD		12 NAME	
STREET ADDRESS	7210 RED OAK LOOP		13 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		14 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MAGOULIS, CAROLYN		22 NAME	
STREET ADDRESS	7210 RED OAK LOOP		23 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary 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 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] Richard Magoulis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)