FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:49

DOCUMENT # 450809 (9)

1. Corporation Name
SIKES TILE DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
3498 N. E. 12TH AVE. POST OFFICE BOX 23038 OAKLAND PARK FL 33307	3498 N. E. 12TH AVE. POST OFFICE BOX 23038 OAKLAND PARK FL 33307

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1974
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-1534762 ☐ 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

SIKES,JR.,LEON R
3484 N.E. 12TH AVENUE
OAKLAND PARK FL 33307

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 _____ (NOTE: Registered Agent signature required when new/other) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	SIKES, LEON, JR.	12 NAME	
STREET ADDRESS	3498 NE 12TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PK, FL 00000	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	LILLEY, VICTOR	22 NAME	
STREET ADDRESS	17901 NW 68TH AVE-Q-101	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 00000	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	MICHALOSKI, PAUL	32 NAME	
STREET ADDRESS	3498 NE 12TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PK, FL 00000	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BRUCE, WILLIAM	42 NAME	
STREET ADDRESS	425 AVON ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	SIKES, LEON R.,III	52 NAME	
STREET ADDRESS	791 MONTEREY RD.	53 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	54 CITY-ST-ZIP	
TITLE		61 TITLE V	☐ Change ☒ Addition
NAME		62 NAME FOLEY, JOHN	
STREET ADDRESS		63 STREET ADDRESS 1601 N.W. 82ND AVENUE	
CITY-ST-ZIP		64 CITY-ST-ZIP MIAMI, FLORIDA 33126	

14. I/We 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: Paul J. Michaloski - TREASURER 02/07/95 (305) 561-2446
SIGNATURE AND TITLE OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240774 CP