

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L52358

(3)

1. Corporation Name

P & Z TILE, INC.



Principal Place of Business

5050 2 SUNBEAM RD
JACKSONVILLE FL 32257
US

Mailing Address

5050 2 SUNBEAM RD
JACKSONVILLE FL 32257
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ZIMMERMANN, HERB A.
5050 2 SUNBEAM RD
JACKSONVILLE FL 33257

3. Date Incorporated or Qualified
02/22/1990

3a. Date of Last Report
03/17/1995

4. FEI Number

59-2987795

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

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 607.002 and 607.1408, Florida Statutes, the above named corporation submits to a 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 607.005, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Agent or Director

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ZIMMERMANN, HERB	
STREET ADDRESS	5050 2 SUNBEAM RD	
CITY-STATE	JACKSONVILLE FL	
TITLE	VD	☒ DELETE
NAME	ZIMMERMANN, PATRICIA	
STREET ADDRESS	11033 STEEDING HORSE DR.	
CITY-STATE	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(g), 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

904-262-9567

CR2E034 (12/95)