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

APPROVED AND FILED

95 MAY -1 PM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **274422** **(5)**

1. Corporation Name

CRAIG TILE, INC.

Principal Place of Business	Mailing Address
4801 58TH AVE NO. ST. PETERSBURG FL 33714	4801 58TH AVE NO. ST. PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/07/1963**
3a. Date of Last Report: **02/25/1994**

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:

4. FEI Number: **59-1027292** ☐ 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

NOTTKE, LYNN CAROL
10242 - 110TH STREET NORTH
LARGO FL 34648

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
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	CEO	11 TITLE	AV	☐ Change ☒ Addition
NAME	MONTI, NICHOLAS J	12 NAME	Johnson, Jerry D.	
STREET ADDRESS	6633 GREENBRIAR DRIVE	13 STREET ADDRESS	13324 - 92nd Avenue North	
CITY-ST-ZIP	SEMINOLE FL	14 CITY-ST-ZIP	Seminole, Florida 34646	
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	CANTO, FRANK A.	22 NAME		
STREET ADDRESS	10223 HYALEAH RD	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	AV	31 TITLE		☐ Change ☐ Addition
NAME	MONTI, CAROL V.	32 NAME		
STREET ADDRESS	6633 GREENBRIAR DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	34 CITY-ST-ZIP		
TITLE	S T	41 TITLE		☐ Change ☐ Addition
NAME	NOTTKE, LYNN CAROL	42 NAME		
STREET ADDRESS	10242-110 ST., N.	43 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	BORAWSKI, BENJAMIN S.	52 NAME		
STREET ADDRESS	2801 61ST LANE LN.	53 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP		
TITLE		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 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: Lynn C Nottke Lynn C Nottke, Sec/Treas 4/20/95 813-527-7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0911960 CP