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

1. Corporation Name
CRAIG TILE, INC.

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

Mailing Address
4801 58TH AVE NO.
ST. PETERSBURG FL 33714

3. Date Incorporated or Qualified: **10/07/1963**
3a. Date of Last Report: **05/01/1995**

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

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	MONTI, NICHOLAS J	
STREET ADDRESS	6633 GREENBRIAR DRIVE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	P	☐ DELETE
NAME	CANTO, FRANK A.	
STREET ADDRESS	10223 HYALEAH RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	AV	☒ DELETE
NAME	MONTI, CAROL V.	
STREET ADDRESS	6633 GREENBRIAR DRIVE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	ST	☐ DELETE
NAME	NOTTKE, LYNN CAROL	
STREET ADDRESS	10242-110 ST., N.	
CITY-ST-ZIP	LARGO FL	
TITLE	V	☒ DELETE
NAME	BORAWSKI, BENJAMIN S.	
STREET ADDRESS	2801 61ST LANE LN.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	AV	☐ DELETE
NAME	JOHNSON, JERRY D	
STREET ADDRESS	13324-92ND AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	A.V.	☐ Change ☒ Addition
3.2 NAME	WARD, ELLIS L.	
3.3 STREET ADDRESS	115-90 AVE.	
3.4 CITY-ST-ZIP	TREASURE ISLAND, FL. 33706	
4.1 TITLE	VICE-PRES./TREASURER	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	CORP. SECRETARY	☐ Change ☒ Addition
5.2 NAME	BERECZKI, MARLENE R.	
5.3 STREET ADDRESS	4940-55 ST. N.	
5.4 CITY-ST-ZIP	KENNETH CITY, FL. 33709	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: Lynn C. Nottke, V-P/T, LYNN C. NOTTKE 4-2-96 813-527-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)