

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33714-1024



3. Date Incorporated or Qualified 10/07/1983  
3a. Date of Last Report 04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

59-1027292

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



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code  
33778

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEO  
MONTI, NICHOLAS J  
6633 GREENBRIAR DRIVE  
SEMINOLE FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
CANTO, FRANK A.  
10223 HYALEAH RD  
TAMPA FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AV  
WARD, ELLIS L.  
115-80 AVE.  
TREASURE ISLAND FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPT  
NOTTKE, LYNN CAROL  
10242-110 ST., N.  
LARGO FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
BERECZKI, MARLENE R.  
4940-55 ST. N.  
KENNETH CITY FL

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AV  
JOHNSON, JERRY D  
13324-92ND AVENUE NORTH  
SEMINOLE FL

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Change  
Addition

14. I do hereby certify that the information supplied with this filing 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

813-527-2325

Date

Daytime Phone #

CR2E034 (9/96)