

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 24 PM 1:58

DOCUMENT # 312089 (6)
1. Corporation Name
TILE CONTRACTORS SUPPLY COMPANY OF FLORIDA, INC.

Principal Place of Business
**4005 NW 97TH BLVD.
GAINESVILLE FL 32606
US**

Mailing Address
**4005 NW 97TH BLVD.
GAINESVILLE FL 32606
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/22/1966

3a. Date of Last Report
07/14/1994

4. FEI Number
59-1162409

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

9. Name and Address of Current Registered Agent

**OLSEN, S P
1605 NW 68TH TERR
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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

TITLE PD
NAME WATSON, J R
STREET ADDRESS 923 LINCOLN CIR.
CITY-ST-ZIP WINTER PARK FL

TITLE VD
NAME OLSEN, S P
STREET ADDRESS 1605 NW 68TH TERR.
CITY-ST-ZIP GAINESVILLE FL

TITLE ST
NAME STUART, I. S.
STREET ADDRESS 4303 W HWY 44
CITY-ST-ZIP LECANTO 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 Change Addition

3.2 NAME **ST**

3.3 STREET ADDRESS **STUART, I. S.**

3.4 CITY-ST-ZIP **4301 W HWY 44**
LECANTO, FL. 34461

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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: Sandra B. Olsen 3/17/95 904 322-5809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)