

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

**FILED**

**Feb 25 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 # 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 32606-3730  
US**

3. Date Incorporated or Qualified  
**09/22/1966**

3a. Date of Last Report  
**01/29/1996**

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.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, J R	
STREET ADDRESS	923 LINCOLN CIR.	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	OLSEN, S P	
STREET ADDRESS	1605 NW 68TH TERR.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STUART, I. S.	
STREET ADDRESS	4301 W HWY 44	
CITY - ST - ZIP	LECANTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WATSON, J.R.	
1.3 STREET ADDRESS	923 LINCOLN CIR.	
1.4 CITY - ST - ZIP	WINTER PARK, FL. 32789	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OLSEN, S.P. SR.	
2.3 STREET ADDRESS	1605 NW 68TH TERR.	
2.4 CITY - ST - ZIP	GAINESVILLE, FL. 32605	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	OLSEN, S. P. JR.	
4.3 STREET ADDRESS	5223 NW 49TH LN.	
4.4 CITY - ST - ZIP	GAINESVILLE, FLA. 32653-4354	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Svend P. Olsen **SVEND P. OLSEN** 2/20/97 **352-3325809**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)