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

Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

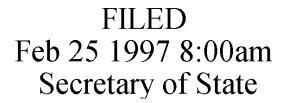
## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 312089

(6)

TILE CONTRACTORS SUPPLY COMPANY OF FLORIDA, INC.





Principal Place of Business 4005 NW 97TH BLVD. GAINESVILLE FL 32606		Маініg Address							
•	.VD. 4005 NW 97TH BLVD.								
GAINESVILLE FL 32606		GAINESVILLE FL 32806-S	3730						
US	US				3. Date Incorporated or Qualified 09/22/1966				
2. Principal Place of Bus	iness	2a. Mailing Address				4. FEI Number		Applied Fo	
21		26				59-1162409		<del></del>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.				Certificate of Status Desired			
C ty & State 23		City & State				Election Campaign Financing     Trust Fund Contribution			
Zışı	Country	Zip	Cor	intry		8. This corporation has liability for inte		der s. 199.03	
24	25	29	30						
	e and Address of Curren	t Hegistered Agent		B1	Name	10. Name and Address of New Regis	terea Agent		
OLSEN,S P				"	IVAITIE		Sa. Date of Last Report  01/29/1996    Applied For     Not Applicable     Sa. 75 Additional     Fee Required     Pee		
1605 NW 68T			82	Street	Address (P.O. Box Number is Not Acceptable)				
GAINESVILLE	FL 32605			83					
				84	City		B5	Zip Code	
								- 11-14-11-11-11-11-11-11-11-11-11-11-11-1	
12.	d or punted hame of registered age OFFICERS AND	D DIRECTORS	13.		nt signature	ADDITIONS/CHANGES TO OFFICER	S AND DIRE		
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NAME WATSO	in,j k ICOLN CIR.		1.2 N		address :	WATSON, J.R. 923 LINCOLN CIR.			
	PARK FL				AUURESS :	WINTER PARK, FL. 32	789		
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NAME OLSEN	S P	~	2.2 N			OLSEN, S.P. SR.			
	W 68TH TERR.				address	1605 NW 6894 TERR.			
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STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY - S1 - ZiP			6.4 C	ITY - S	T-71P				

14. I do hereby certily 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 Brock 13 if changed or on an attachment with an address.

SIGNATURE

SUGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97 352-3325809

(2E034 (9/96)