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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
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

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 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 _____ (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)