

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11 11 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 368981

(7)

1. Corporation Name

TROPICANA TILE & FLOOR COVERING INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1850 S BUNBY
ORLANDO FL 32806
US

P.O. BOX 560308
ORLANDO FL 32856-0308
US

3. Date Incorporated or Qualified

08/27/1970

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1316545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 190.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEVERT, WM. A.
14630 SPYGLASS ST.
ORLANDO FL 32826

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 (050) 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 Sections 607 (050) Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Typed Name of Current Registered Agent)

Signature of New Registered Agent (Typed Name of New Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDT
NAME	SIEVERT, WILLIAM A.
STREET ADDRESS	14630 SPYGLASS ST
CITY, ST, ZIP	ORLANDO, FL 32826
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 (02)(g), 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/14/94

875-8292