FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:55

DOCUMENT # 370270 (1)

1. Corporation Name
VINCE'S TILE & FLOOR COVERING, INC.

Principal Place of Business	Mailing Address
116 N SKYWOOD DR VALRICO FL 33594	116 N SKYWOOD DR VALRICO FL 33594

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1970
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1310859 ☐ 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

9. Name and Address of Current Registered Agent

BERTOMEU, KENNETH A.
116 N SKYWOOD DR
VALRICO FL 33594

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	BERTOMEU, LORRAINE	1.2 NAME	
STREET ADDRESS	116 N SKYWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 00000	1.4 CITY-ST-ZIP	ZIP 33594-3424
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BERTOMEU, JOSEPH J.	2.2 NAME	
STREET ADDRESS	1501 CHARLIE GRIFFIN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	ZIP 33567-2325
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	BERTOMEU, KENNETH A.	3.2 NAME	
STREET ADDRESS	116 N SKYWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 00000	3.4 CITY-ST-ZIP	ZIP 33594-3424
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 above, or on an attachment with an address.

SIGNATURE: Lorraine Bertomeu LORRAINE BERTOMEU 03/02/95 813-689-4527
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0200571 CP