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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Apr 01 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

STREET ADDRESS

DOCUMENT # 370270

(1)

1, Corporation	S TILE & FLOOR COVERING	· ,		
Principal Place	e of Business	Mailing Address		
`		116 N SKYWOOD DR		
		VALRICO FL 33594		DO NOT WOLLD IN THIS OD LOS
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				09/24/1970
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-1310859 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Contingets of Status Desired \$8.75 Additional
22		27		Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 3	10	Personal Property Tax due June 30. X Yes No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
BERTOMEU, KENNETH A. 81 Name BERT				BERTOMEU, JOSEPH J.
116 N SKYWOOD DR			82 Street	Address (P.O. Boy Number is Not Acceptable)
VALRICO FL 33594			63	1501 CHARLIE GRIFFIN RD
63				
84 City DT				PLANT CITY FL 85 Zip Code 33567
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 607,0705, Florida Statuted				
///// // // // // // // // // // //				
SIGNATURE	JOSEPH J BERTOMEU, Signature, typed or printed naive of registered ago	ent and title if applicable (NOTE: I	Regist d Agent signature	required when reinstating) DATE
12.	OFFICERS AN		/ /3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	DELETE	1.1 TITLE	STD Change Addition
NAME	BERTOMEU, LORRAINE		1.2 NAME	BERTOMEU, LORRAINE
STREET ADDRESS	116 N SKYWOOD DR		1.3 STREET ADDRESS	116 N SKYWOOD DR
CITY-ST-ZIP TITLE	VALRICO, FL 00000	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	VALRICO, FL 33594
NAME	VD Bertomeu, Joseph J.		2.2 NAME	
STREET ADDRESS	1501 CHARLIE GRIFFIN RD		2.3 STREET ADDRESS	BERTOMEU, JOSEPH J 1501 CHARLIE GRIFFIN RD
CITY-ST-ZIP	PLANT CITY FL		2. 4 CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	PD	DELETE	3.1 T#TLE	Change Addition
NAME	BERTOMEU, KENNETH A.	-7.	3.2 NAME	
STREET ADDRESS	116 N SKYWOOD DR		3.3 STREET ADDRESS	·
CITY-ST-ZIP	VALRICO, FL 00000		3.4. CITY-ST-ZIP	
TALE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	· ·
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - 7IP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	

14. I 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.

6.3 STREET ADDRESS