

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90181 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 370270

1. Corporation Name

VINCE'S TILE & FLOOR COVERING, INC.

Principal Place of Business

116 N SKYWOOD DR
VALRICO FL 33594

Mailing Address

116 N SKYWOOD DR
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1970

4. FEI Number

59-1310859

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

BERTOMEU, JOSEPH J
1501 CHARLIE GRIFFIN RD
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name

BERTOMEU VINCENT J

82 Street Address (P.O. Box Number is Not Acceptable)

116 N SKYWOOD DR

83

VALRICO FL 33594

84 City

VALRICO

FL

85 Zip Code
33594

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


 Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-99

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BERTOMEU, LORRAINE	
STREET ADDRESS	116 N SKYWOOD DR	
CITY-ST-ZIP	VALRICO, FL 00000 33594	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERTOMEU, JOSEPH J	
STREET ADDRESS	1501 CHARLIE GRIFFIN RD	
CITY-ST-ZIP	PLANT CITY FL 33567	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERTOMEU VINCENT J	
1.3 STREET ADDRESS	116 N SKYWOOD DR	
1.4 CITY-ST-ZIP	VALRICO FL 33594	

2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERTOMEU JOSEPH J	
2.3 STREET ADDRESS	1501 CHARLIE GRIFFIN RD	
2.4 CITY-ST-ZIP	PLANT CITY FL 33567	

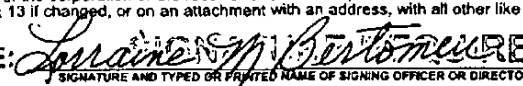
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERTOMEU LORRAINE M	
3.3 STREET ADDRESS	116 N SKYWOOD DR	
3.4 CITY-ST-ZIP	VALRICO FL 33594	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE:  **LORRAINE M BERTOMEU**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/1999

Date

813 689-4527

Daytime Phone #

CR2E034 (11/98)