

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 27 1997 8:00am
Secretary of State

DOCUMENT # 450809

(9)

Corporation Name:

SIKES TILE DISTRIBUTORS, INC.



Principal Place of Business

3498 N. E. 12TH AVE.
POST OFFICE BOX 23038
OAKLAND PARK FL 33307

Mailing Address

3498 N. E. 12TH AVE.
POST OFFICE BOX 23038
OAKLAND PARK FL 33307-3038

3. Date Incorporated or Qualified

04/23/1974

3a. Date of Last Report

02/19/1996

Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1534762

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIKES, JR., LEON R
3484 N.E. 12TH AVENUE
OAKLAND PARK FL 33307

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	SIKES, LEON, JR.	3498 NE 12TH AVE	OAKLAND PK, FL 00000	<input type="checkbox"/>
T	MICHALOSKI, PAUL	3498 NE 12TH AVE	OAKLAND PK, FL 00000	<input type="checkbox"/>
V	BRUCE, WILLIAM	425 AVON ROAD	W PALM BCH, FL 00000	<input type="checkbox"/>
V	SIKES, LEON R., III	791 MONTEREY RD.	STUART FL	<input type="checkbox"/>
V	FOLEY, JOHN	1601 NW 82ND AVE	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CLARK, DAVID
3484 N.E. 12TH AVENUE
OAKLAND PARK FL.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/97 (954) 561-2446

CR2E034 (9/96)