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

FILED Feb 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # 1. Corporation Name 521386 (3)MANNING AND SMITH TILE COMPANY, INC. Principal Place of Business Mailing Address 956 YULEE ST. 956 YULEE ST. TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1977 2. Principal Place of Business 2a. Mailing Address . 4. FEI Number Applied For 21 26 <u>59-17 10096</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. X Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MITCHELL, HARRY H. 103 NORTH GADSDEN ST. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE DELETE 1.1 TITLE Change Addition GENRE, KENNETH J NAME 12 NAME CR2E034 956 YULEE STREET STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-7IP 1.4 CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE SMITH, CLAUDE M NAME 2.2 NAME 203 CHAPEL DR STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE MANNING, PATRICIA 3.2 NAME 24182 JESSE AVE STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME

14. I hereby certify that the information supplied with the filling 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 supplier entay and ultraport 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 of the receiver of 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

5.3 STREET ADDRESS

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5.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

() (resident

2-13-98

850-576-8552

Change

Addition