

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

1995 MAY 26

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
CONSUMER COMPLAINTS

DOCUMENT # 527893

(2)

1. Corporation Name

GREER TILE COMPANY

Principal Place of Business
**1471 NEPTUNE DR.
BOYNTON BEACH FL 33426**

Mailing Address
**1471 NEPTUNE DR.
BOYNTON BEACH FL 33426**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/16/1977** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-1733346** 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 (332), Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 1865 S.W. 4th AVE 26 1865 S.W. 4th AVE

State, Apt. # etc. Date, Apt. # etc.
22 D-2 27 D-2

City & State City & State
23 DELRAY BEACH, FL 28 DELRAY BEACH, FL

ZIP Country ZIP Country
24 33444 25 USA 29 33444 30 USA

9. Name and Address of Current Registered Agent

**WILLS, MICHAEL J.
6836 NW 66TH WAY
PARKLAND FL 33067**

10. Name and Address of New Registered Agent

81 Name **MICHAEL J. WILLS**
82 Street Address (P.O. Box Number if Not Applicable) **1865 S.W. 4th AVE D-2**
83
84 **DELRAY BEACH FL** 85 Zip Code **33444**

11. Pursuant to the provisions of the Florida Statutes, and to the 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 authorized to act as registered agent for the corporation.

SIGNATURE

Michael J. Wills

MICHAEL J. WILLS

4/20/95

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	GREER, BARRY E.
STREET ADDRESS	205 S.E. 1ST CIRCLE
CITY & STATE	BOYNTON BEACH FL
TITLE	VP
NAME	WILLS, MICHAEL J.
STREET ADDRESS	1510 N W 93 TERRACE
CITY & STATE	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. PRESIDENT OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	BRET M. GREER
STREET ADDRESS	1865 S.W. 4th AVE D-2
CITY & STATE	DELRAY BEACH FL 33444
TITLE	V. PRES
NAME	MICHAEL J. WILLS
STREET ADDRESS	1865 S.W. 4th AVE D-2
CITY & STATE	DELRAY BEACH FL 33444
TITLE	SEC
NAME	CANDICE S. GREER
STREET ADDRESS	1865 S.W. 4th AVE D-2
CITY & STATE	DELRAY BEACH, FL. 33444
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

**TAW
5/26/95**

REMITTED BY MAY 1

#Deposited by Bank

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(1)(g), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registered business named on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE:

Candice S. Greer

CANDICE S. GREER

4/20/95

**407-
265-1258**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR