

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 527893

(2)

1. Corporation Name

GREER TILE COMPANY



Principal Place of Business

1865 S.W. 4TH AVE.
D-2
DELRAY BEACH FL 33444
US

Mailing Address

1865 S.W. 4TH AVE.
D-2
DELRAY BEACH FL 33444
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILLS, MICHAEL J
1865 S.W. 4TH AVE.
D-2
DELRAY BEACH FL 33444

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 607.0600 and 607.1150, Florida Statutes, the above named corporation hereby 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. Thereby, accept the appointment as registered agent, I am familiar with and accept the obligations of Sections 607.060, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

PVS

NAME

GREER, BRETT M

STREET ADDRESS

1865 S.W. 4TH AVE. D-2
DELRAY BEACH FL 33444

CITY - ST - ZIP

TITLE

VP

NAME

WILLS, MICHAEL J

STREET ADDRESS

1865 S.W. 4TH AVE. D-2
DELRAY BEACH FL 33444

CITY - ST - ZIP

TITLE

ST

NAME

GREER, CANDICE S

STREET ADDRESS

1865 S.W. 4TH AVE. D-2
DELRAY BEACH FL 33444

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

14. I do hereby certify that the information supplied to the Department is true, correct and complete, and that I am not qualified for the exemption stated in Section 119.07(3)(b), 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; that I am an officer or director of the corporation or a shareholder or shareholder 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:

Candice S. Greer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

407-265-1258

CR2E034 (12/95)