

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90148 009 ***150.00



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

DOCUMENT # **527893**

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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 1875 SW 4th Ave	3. Date Incorporated or Qualified 03/16/1977	4. FEI Number 59-1733346	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 C-6	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28 Delray Beach FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24 33444	Country 25 USA	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name BARRY E. GREER	85 Zip Code 33444
82 Street Address (P.O. Box Number is Not Acceptable) 1875 SW 4th Ave, C-6	
83	
84 City Delray Beach	FL

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.

BARRY E. GREER

4/26/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE BARRY E. GREER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREER, BRETT M		1.2 NAME 1875 SW 4th Ave, C-6	
STREET ADDRESS 1865 S.W. 4TH AVE. D-2		1.3 STREET ADDRESS Delray Bch, FL 33444	
CITY-ST-ZIP DELRAY BEACH FL 33444		1.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V. Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLS, MICHAEL J		2.2 NAME Daniel B. Greer	
STREET ADDRESS 1865 S.W. 4TH AVE. D-2		2.3 STREET ADDRESS 1875 SW 4th Ave, C-6	
CITY-ST-ZIP DELRAY BEACH FL 33444		2.4 CITY-ST-ZIP Delray Bch, FL 33444	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREER, CANDICE S		3.2 NAME	
STREET ADDRESS 1865 S.W. 4TH AVE. D-2		3.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33444		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Candice Greer **Candice Greer** **4/26/99** **501 265-1258**

CR2E034 (11/98)

0349139