

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Meetham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 548620 (4)

1. Corporation Name

INTERCOASTAL TILE AND MARBLE, INC.



Principal Place of Business

1801 NW 18TH STREET
POMPANO BEACH FL 33069

Mailing Address

1801 NW 18TH STREET
POMPANO BEACH FL 33069

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BOYD, JOHN
2400 N.E. 49TH STREET
LIGHTHOUSE PT. FL 33064

3. Date Incorporated or Organized

10/06/1977

3a. Date of Last Report

02/24/1995

4. FEI Number

59-1779757

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. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 Section 607.06(2), as amended, 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 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BOYD, JOHN
STREET ADDRESS
2400 N.E. 49TH STREET
CITY-STATE-ZIP
LIGHTHOUSE PT. FL

TITLE ☐ DELETE

NAME
LINDSEY, BILLY J., SR.
STREET ADDRESS
10066 CROSSWINDS ROAD
CITY-STATE-ZIP
BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied to this filing is true and correct, and does not qualify for the exemption stated in Section 19.07(3)(g), 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 and the request or trustee empowered to execute this report is correct. My Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes, or on an attachment with an address.

SIGNATURE:

Billy J. Lindsey

Billy J. Lindsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

954-971-5294

TELEPHONE NUMBER

CR2E034 (12/95)