FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **567905** **(5)**

1. Corporation Name
MITCHELL TILE, INC.

Principal Place of Business	Mailing Address
12104 PARKWOOD STR **HUDSON FL 34669** **US**	**9617-BUD ST.** **HUDSON FL 34669**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/06/1978**	3a. Date of Last Report: **03/08/1994**
4. FEI Number: **59-1805864**	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MITCHELL, ROY E
9916 LAKE CHRISE LN
PORT RICHEY FL 34668

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 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 _____ (LAT)
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when transacting

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
NAME	**MITCHELL, ROY E**	12 NAME	
STREET ADDRESS	**9916 LAKE CHRISE LN**	13 STREET ADDRESS	
CITY-ST-ZIP	**PORT RICHEY, FL 00000**	14 CITY-ST-ZIP	
TITLE	**VD**	21 TITLE	☐ Change ☐ Addition
NAME	**MITCHELL, ROBERT M**	22 NAME	
STREET ADDRESS	**9617 BUD STREET**	23 STREET ADDRESS	
CITY-ST-ZIP	**HUDSON, FL 00000**	24 CITY-ST-ZIP	ZIP 34669
TITLE	**SD**	31 TITLE	☐ Change ☐ Addition
NAME	**MITCHELL, KATHLEEN**	32 NAME	
STREET ADDRESS	**9617 BUD STREET**	33 STREET ADDRESS	
CITY-ST-ZIP	**HUDSON, FL 00000**	34 CITY-ST-ZIP	ZIP 34669
TITLE	**TD**	41 TITLE	☑ Change ☐ Addition
NAME	**MITCHELL,PATRICIA**	42 NAME	
STREET ADDRESS	**1548 BIG BASS DR.**	43 STREET ADDRESS	4620 BAY BLVD. UNIT #132
CITY-ST-ZIP	**TARPON SPRINGS FL**	44 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Kathleen Mitchell Kathleen Mitchell Sec 2/20/95 813/969-7635