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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **638065**

(3)

1. Corporation Name

PENSACOLA CERAMIC SUPPLY, INC.



Principal Place of Business

**2118 ST MARY AVENUE
PENSACOLA FL 32505
US**

Mailing Address

**2118 ST MARY AVENUE
PENSACOLA FL 32505-5642
US**

3. Date Incorporated or Qualified

10/01/1979

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1936426

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

9. Name and Address of Current Registered Agent

**WHEELER, THOMAS E JR
119 W GARDEN ST
PENSACOLA FL**

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

(Signature typed in position of chief registered agent and the applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE	PD	<input type="checkbox"/> DELETE
11.2 NAME	GRIFFITH, GRACIA L	
11.3 STREET ADDRESS	3670 BECKYS LANE	
11.4 CITY-STATE-ZIP	PACE FL	
12.1 TITLE	VD	<input type="checkbox"/> DELETE
12.2 NAME	GRIFFITH, WM.	
12.3 STREET ADDRESS	3670 BECKYS LANE	
12.4 CITY-STATE-ZIP	PACE FL	
13.1 TITLE		<input type="checkbox"/> DELETE
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-STATE-ZIP		
14.1 TITLE		<input type="checkbox"/> DELETE
14.2 NAME		
14.3 STREET ADDRESS		
14.4 CITY-STATE-ZIP		
15.1 TITLE		<input type="checkbox"/> DELETE
15.2 NAME		
15.3 STREET ADDRESS		
15.4 CITY-STATE-ZIP		
16.1 TITLE		<input type="checkbox"/> DELETE
16.2 NAME		
16.3 STREET ADDRESS		
16.4 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 or Block 14, or on an attachment with an address.

SIGNATURE: *W.M. Griffith* **W.M. GRIFFITH, VP**

4/1/97

904.434-0969

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (9/96)