

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 832313 (1)

1. Corporation Name
STOGSDILL TILE CO.



Principal Place of Business: POST OFFICE BOX 897 HUNTLEY IL 60142
Mailing Address: POST OFFICE BOX 897 HUNTLEY IL 60142

3. Date Incorporated or Qualified 05/09/1974	3a. Date of Last Report 02/20/1995
4. FEI Number 36-2652693	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MAHONEY, HADLOW, CHAMBERS & ADAMS
100 LAURA AVE.
P.O. BOX 4099
JACKSONVILLE FL 32201**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: STOGSDILL, WILLIAM J., SR.
STREET ADDRESS: P O BOX 897
CITY - ST - ZIP: HUNTLEY IL

TITLE: V
NAME: STOGSDILL, WILLIAM J., JR.
STREET ADDRESS: 1944C GRESHAM CIRCLE
CITY - ST - ZIP: WHEATON IL

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE _____
1.2 NAME _____
1.3 STREET ADDRESS _____
1.4 CITY - ST - ZIP _____

2.1 TITLE _____
2.2 NAME _____
2.3 STREET ADDRESS _____
2.4 CITY - ST - ZIP _____

3.1 TITLE _____
3.2 NAME _____
3.3 STREET ADDRESS _____
3.4 CITY - ST - ZIP _____

4.1 TITLE _____
4.2 NAME _____
4.3 STREET ADDRESS _____
4.4 CITY - ST - ZIP _____

5.1 TITLE _____
5.2 NAME _____
5.3 STREET ADDRESS _____
5.4 CITY - ST - ZIP _____

6.1 TITLE _____
6.2 NAME _____
6.3 STREET ADDRESS _____
6.4 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)(k), 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 address _____

SIGNATURE: *William J. Stogsdill* 2/1/96 847-669-1255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)