

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 AUG -7 AM 10: 47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 853192 (3)

1. Corporation Name

DAVID ALLEN TILE COMPANY, INCORPORATED

Principal Place of Business

Mailing Address

309 N HARRINGTON ST
PO BOX 27705
RALEIGH NC 27611

309 N HARRINGTON ST
PO BOX 27705
RALEIGH NC 27611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/16/1982	3a. Date of Last Report 07/19/1994
4. FEI Number 56-0889788	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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERSON, SUE
3601 VINELAND RD., STE 5
ORLANDO FL 32811**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, name or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, DONALD R	1.2 NAME	
STREET ADDRESS	2305 WHEELER	1.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH, NC 0	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERSON, O DAVID	2.2 NAME	
STREET ADDRESS	8221 NETHERLANDS	2.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH, NC 0	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERSON, ROBERT C	3.2 NAME	
STREET ADDRESS	5008 TREMONT	3.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH, NC 0	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(g), Florida Statutes. I further certify that the information indicated on the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/95 919-821-7100

(Type)

(Typed Name)

CR2E034 (3/95)