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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:17

DOCUMENT # F01651 (1)

1. Corporation Name
BAY AREA TILE, INC.

Principal Place of Business	Mailing Address
3406 OAKWOOD DR WIMAUMA FL 33598 US	3406 OAKWOOD DR WIMAUMA FL 33598 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/03/1980
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2031990 ☐ 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

CARR, PAUL S.
602 N. TAMIAMI TRAIL, SUITE 1
RUSKIN FL 33570

10. Name and Address of New Registered Agent

81 Name: William Buhrkuhl
82 Street Address (P.O. Box Number is Not Acceptable): 3406 Oakwood Dr.
83
84 City: Wimauma, FL FL 85 Zip Code: 33598

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: William R. Buhrkuhl 1-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☑ Change ☐ Addition
NAME	~~HALMKE, DIANNA~~	1.2 NAME	Helmke, Dianna
STREET ADDRESS	3406 OAKWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIMAUMA FL~~	1.4 CITY-ST-ZIP	Wimauma, FL 33598
TITLE	DP	2.1 TITLE	☑ Change ☐ Addition
NAME	BUHRKUHL, WILLIAM	2.2 NAME	
STREET ADDRESS	3406 OAKWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIMAUMA FL~~	2.4 CITY-ST-ZIP	Wimauma, FL 33598
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	BENEFIELD, ROBERTA	3.2 NAME	
STREET ADDRESS	20125 KEENE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	BENEFIELD, LYMAN	4.2 NAME	
STREET ADDRESS	20125 KEENE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	FARMER, KARRIE	5.2 NAME	
STREET ADDRESS	3406 OAKWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WIAMUAM FL	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)(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: William R. Buhrkuhl 1-24-95 813-684-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260010 CP