

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 # 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

3. Date Incorporated or Qualified

10/03/1980

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 1407 1st ST. S.W.

26 1407 1st ST. S.W.

4. FEI Number

59-2031990 031900

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Ruskin, Florida

28 Ruskin, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33570

25 Hills.

29 33570

30 Hills.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUHRKUHL, WILLIAM
3406 OAKWOOD DR
WIMAUMA FL 33598

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1407 1st ST. S.W.

83

84 City

Ruskin

FL

85 Zip Code

33570

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 to produce name of registered agent and fee, 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 ~~XX~~ DELETE

NAME HELMKE, DIANNA
STREET ADDRESS 3406 OAKWOOD DR
CITY-STATE-ZIP WIMAUMA FL

1.1 TITLE VD ~~XX~~ Change ~~XX~~ Addition

1.2 NAME BUHRKUHL, ALANA
1.3 STREET ADDRESS 1407 1st ST. S.W.
1.4 CITY-STATE-ZIP RUSKIN, FL

TITLE DP ☐ DELETE

NAME BUHRKUHL, WILLIAM
STREET ADDRESS 3406 OAKWOOD DR
CITY-STATE-ZIP WIMAUMA FL

2.1 TITLE DP ~~XX~~ Change ☐ Addition

2.2 NAME BUHRKUHL, WILLIAM
2.3 STREET ADDRESS 1407 1st ST. S.W.
2.4 CITY-STATE-ZIP RUSKIN, FL

TITLE DV ☐ DELETE

NAME BENEFIELD, ROBERTA
STREET ADDRESS 20125 KEENE RD
CITY-STATE-ZIP LITHIA FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE DV ☐ DELETE

NAME BENEFIELD, LYMAN
STREET ADDRESS 20125 KEENE RD
CITY-STATE-ZIP LITHIA FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE S ~~XX~~ DELETE

NAME FARMER, KARRIE
STREET ADDRESS 3406 OAKWOOD DR
CITY-STATE-ZIP WIMAUMA FL

5.1 TITLE S ~~XX~~ Change ~~XX~~ Addition

5.2 NAME COATS, KEVIN E.
5.3 STREET ADDRESS 1407 1st ST. S.W.
5.4 CITY-STATE-ZIP Ruskin, Florida

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

813-671-2653

Date

Daytime Phone #

CR2E034 (12/95)