		<u> </u>			
FI	LE NOW: FILING FE	E AFTER MAY 1	\$ \$225.00		
cc	PROFIT PRPORATION	1.704	ARTMENT OF STATE		
ſ	NUAL REPORT	23/2015	B Mortham ary of State		
	1996	9 × 9	CORPORATIONS		
DOCU 1. Corporat	JMENT # F14288	(7)			
1	TILE, INC.				
574	4 CHURCHILL DOWN ASOTA, FL. 3424	NS ROAD			
Principal Plai	ce of Business	Mailing Address			
%PA	TRICK L. MYNATT	%PATRICK L.	MYNATT		
574	4 CHURCHILL DOWN	IS RD. (SAMF)			
5611	SARASOTA, FL. 34241			3. Date Incorporated or Qualified	3a. Date of Last Report
	Place of Business	2a. Maiing Address		01/02/1981 4. FEI Number	05/23/1995
Suite, Apt	A	26		59-2054228	Applied For Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Ba
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	9 Name and Address of Cour	29	30	8. This corporation has liability for in Florida Statutes ✓ Yes	□No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	RICK L. MYNATT				
4 5744	CHURCHILL DOWN	S RO.	82 Street Ad	dress (P.O. Box Number is Not Acceptable)
. SARA	SOTA, FL. 34241		83		
i .			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1503, Florida Statutes	, the above named corpo	pration submits this statement for the purp	
familiar w	red agent, or both, in the State of Flo ith, and accept the obligations of, Se	rida. Such change was authorized ction 607.0505, Florida Statutes	by the corporation's bo	oration submits this statement for the purpland of directors. I hereby accept the appoin	ose of changing its registered office ntment as registered agent. I am
SIGNATURE	Signature, typed or pointed name of registered age				
12.		ND DIRECTORS	Royistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFIC	DA't
TITLE	D	☐ DELETE	1 1 TifleF	ADDITIONS CHANGES TO OFFICE	EHS AND DIRECTORS IN 12 Change
NAME STREET ADDRESS	MYNATT, PATRICK	. L.	1 2 NAME		Straings Municipal
CITY-ST-ZIP	5744 CHURCHILL	DOWNS RD.	1.3 STREET ADDRESS		
TITLE	SARASOTA, FL. 3	4241 DELETE	1.4 C/TY+ST+Z/P 2 1 T/H/E	·	D Character D Addition
NAME	MYNATT, CHAD P.		2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	5744 CHURCHILL DOWNS AD		2.3 STREET ADDRESS		
TITLE	SARASOTA, FL. 3	4241 DELETE	2 4 CITY - ST - 7IP		
NAME			3 1 TITUE 3 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP THLE			3.4 CITY - ST - ZIP		
NAME	V	☐ DELETE	4 1 71767		Change Addition
STREET ADDRESS	MYNATT, ERIC		4.2 NAME		C1196 1
CITY - ST - ZIP	5744 CHURCHILL SARASOTA. FL. 3	4244	4.3 STREET ADDRESS. 4.4 City - St - Zip		21.12 IN
TITLE	WITHOUTH TET 3	☐ DELETE	5 1 1111.6		Change Addition
NAME STREET ADDRESS			5.2 NAME		
CHY-ST-ZIP			53 STREET ADDRESS	900000	
TITLE		[] DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	90000180; -05/06/960101 ***200.00	8119
NAME			6.2 NAME	***200.00	5—-[[[] 3 nange
STREET ADDRESS			6.3 STREET ADDRESS		

14. If 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 appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNINGOFFICER OR DIRECTOR

1. 4 CITY-ST-ZIP

4 CITY-ST-ZIP

4 CITY-ST-ZIP

4 CITY-ST-ZIP

5 CI 4/26/84 356-6083