


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F14288 (7)

1. Corporation Name
A-1 TILE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O PATRICK L. MYNATT 5744 CHURCHILL DOWNS RD SARASOTA FL 34241 US	Mailing Address C/O PATRICK L. MYNATT 5744 CHURCHILL DOWNS RD SARASOTA FL 34241 US
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3. Date Incorporated or Qualified
01/02/1981

2. Principal Place of Business 21 P.O. Box 7657	2a. Mailing Address 26 P.O. Box 7657
22 Suite, Apt. #, etc. Sarasota FL	27 Suite, Apt. #, etc.
23 City & State SARASOTA, FL.	28 City & State SARASOTA FL.
24 Zip 34278	26 Country
29 Zip 34278	30 Country

4. FEI Number
59-2054228

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MYNATT, PATRICK L
5744 CHURCHILL DOWNS RD
SARASOTA FL 34241**

I don't have a mailbox only a P.O. Box ->

10. Name and Address of New Registered Agent

81 Name **Patrick L. Mynatt**

82 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 7657

83 City, State, Zip
SARASOTA FL. 34278

84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYNATT, PATRICK L	1.2 NAME	
STREET ADDRESS	5744 CHURCHILL DOWNS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYNATT, CHAD P	2.2 NAME	
STREET ADDRESS	5744 CHURCHILL DOWNS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYNATT, ERIC	3.2 NAME	
STREET ADDRESS	5744 CHURCHILL DOWNS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *Patrick L. Mynatt* **1/27/98 (941) 356-2682**
941 HOME 484-1468

CR2E034 (10/97)