

**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

DOCUMENT # F51686 (6)
1. Corporation Name
CREATIVE TILE CONCEPTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 11:21

Principal Place of Business
**C/O MARY M. WHITE
4035 TENTH STREET. N.
NAPLES FL 33940-0304**

Mailing Address
**C/O MARY M. WHITE
4035 TENTH STREET. N.
NAPLES FL 33940-0304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1981

3a. Date of Last Report
03/29/1994

2. Principal Place of Business 21	2a. Mailing Address 28	4. FEI Number 59-2130517	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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

9. Name and Address of Current Registered Agent

**WHITE MARY M
4035 TENTH STREET, NORTH
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
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

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 D	WHITE, BRIAN	1.1 TITLE	☐ Change ☐ Addition
NAME	6620 DANIELS ROAD	1.2 NAME	
STREET ADDRESS	NAPLES, FL 00000	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE DP	WHITE, NEAL	2.1 TITLE	☐ Change ☐ Addition
NAME	5881 CYPRESS HOLLOW WAY	2.2 NAME	
STREET ADDRESS	NAPLES, FL 00000	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE SD	WHITE, MARY M	3.1 TITLE	☐ Change ☐ Addition
NAME	6620 DANIELS ROAD	3.2 NAME	
STREET ADDRESS	NAPLES, FL 00000	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE VP	WEBB, GREGORY S.	4.1 TITLE	☐ Change ☐ Addition
NAME	4185 5th AVE N.W.	4.2 NAME	
STREET ADDRESS	NAPLES, FL. 33999	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)(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

MARY M. WHITE

6/8/95

941-262-0501