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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004505 (2)**

1. Corporation Name
RHEINSCHMIDT TILE & MARBLE, INC.

Principal Place of Business	Mailing Address
1100 AGENCY ST BURLINGTON IA 52601	PO BOX 308 BURLINGTON IA 52601-0308

3. Date Incorporated or Qualified: 09/15/1995	3a. Date of Last Report: 05/01/1996
4. FEI Number: 42-1394480	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ 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	CP	☐ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	RHEINSCHMIDT, SHIRLEY		1.2 NAME		
STREET ADDRESS	168 GOLF LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON IA 52601		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, DAVID W		2.2 NAME		
STREET ADDRESS	17 EDGEWATER BEACH		2.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON IA 52601		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RHEINSCHMIDT, JAMES		3.2 NAME		
STREET ADDRESS	3 HIGH POINT		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MADISON IA 52627		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RHEINSCHMIDT, SHELLY		4.2 NAME		
STREET ADDRESS	144 GREENBRIAR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON IA 52601		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE	S/T	☒ Change ☐ Addition
NAME	JONES, ROBERT O JR		5.2 NAME		
STREET ADDRESS	802 MAIN ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MEDIAPOLIS IA 52637		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE	P	☒ Change ☐ Addition
NAME	RHEINSCHMIDT, LARRY JR		6.2 NAME		
STREET ADDRESS	144 GREENBRIAR		6.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON IA 52601		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 changed, or an attachment with an address.

SIGNATURE: Larry Rheinschmidt Jr. Larry Rheinschmidt, Jr. 4/29/97 319-754-4738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #