

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90009 048 \*\*\*550.00

**DOCUMENT # F97000005460**

1. Corporation Name  
**REGAN TILE, INC.**



Principal Place of Business  
**4189 CROSSTOWNE CT  
EVANS GA 30809**

Mailing Address  
**4189 CROSSTOWNE CT  
EVANS GA 30809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/17/1997**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
<b>21</b>		<b>26</b>		<b>58-1921386</b>		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>22</b>		<b>27</b>		6. Election Campaign Financing		<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
<b>23</b>		<b>28</b>		8. This corporation owes the current year		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip		Intangible Personal Property.			
<b>24</b>		<b>29</b>		<b>30</b>			
Country		Country		Country			
<b>25</b>		<b>30</b>					

9. Name and Address of Current Registered Agent

**REGAN, PAT  
4804 DEER LAKE DRIVE EAST  
JACKSONVILLE FL 32245**

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGAN JR, JOHN P</b>	1.2 NAME	
STREET ADDRESS	<b>4189 CROSSTOWNE CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EVANS GA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGAN, LOIS B</b>	2.2 NAME	
STREET ADDRESS	<b>4189 CROSSTOWNE CT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EVANS GA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGAN, TIM</b>	3.2 NAME	
STREET ADDRESS	<b>4189 CROSSTOWNE CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EVANS GA</b>	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:

CR2E034 (5/99)

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