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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

G51066

(0)

LOMBARDO TILE SUPPLY COMPANY

FILED Apr 06 1998 8:00am Secretary of State



| Principal Place | of Business | Mailing Address | | | | 1 100//11 600/ Sinds hidre abits alles sin aldri essu erein arem arem arem and | | | |
|--|--|--|----------------------------|---|---|---|--------------------------------------|--------------------|--|
| 4188 ELECTRA | C WAY | 4188 ELECTRIC WAY | | | | | | | |
| CHARLOTTE HARBOR FL 33980-2126 | | CHARLOTTE HARBOR FL 33980-2126 | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualified | THO STACE | | |
| | | | | | | 08/01/1983 | | | |
| 9 Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | 1 14 | pplied For | |
| —————————————————————————————————————— | ace of Business | | | | | | | ot Applicable | |
| 21 Suita Ant I | t atc | Suite, Apt. #, etc. | | | | 59-2309208 | CO 75 | Additional | |
| Suite, Apt. #, etc. | | 27 | | | | 5. Certificate of Status Desired | | Regulred | |
| City & State | | City & State | | | | 6 Floring Compaign Figureing | | <u></u> | |
| 23 | • | 28 | | | | Election Campaign Financing Trust Fund Contribution | | | |
| Zip Country | | | Zip Country | | 8. This corporation owes or has paid to | | | | |
| 24 | 25 | 29 | \vdash | 30 | | Personal Property Tax due June 30. | | italigible ☐ No | |
| 24) | g. Name and Address of Curre | | | Г | | 10. Name and Address of New Registered Agent | | | |
| 101 | ABARDO, DIANA | | | 81 | Name | | | | |
| | | | | | | | | | |
| 4188 ELECTRIC WAY | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| CHV | ARLOTTE HARBOUR FL 33980 | | | 83 | | | | | |
| | | | | | | | | | |
| | | | | 84 | City | | 85 Zip | Code | |
| | | | | | | | FL " | | |
| office or re | o the provisions or Sections 607.056 agistered agent, or both, in the Stati | uz and 607.1508, Florida Stat e of Florida. Such change was | utes, tne a s authorize | d by th | named co he corpor | orporation submits this statement for the purp ation's board of directors. I hereby accept the | iose of changing ne appointment a | s registered | |
| agent. I a | n familiar with, and accept the oblig | pations of, Section 607.0505, I | Florida Stat | tutes. | • | | • • | Ĭ | |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered ag | | | d Agent | signature rec | | DATE | 55.01.15 | |
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTO | Addition | |
| TITLE | DP DE | ☐ DELETE | 1,1 TI | | | | ☐ Change | LT VOOIIION | |
| NAME | LOMBARDO, DENNIS | | 1.2 N | AME | | | | | |
| STREET ADDRESS | | | 1.3 \$ | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | PT CHARLOTTE, FL 00000 | | | ITY-ST- | ZIP | | | | |
| TITLE | <u> </u> | | 2.1 11 | 2.1 TITLE | | | Change | ☐ Addition | |
| NAME | LOMBARDO, DIANA | | 2.2 N | 2.2 NAME | | | | 1 | |
| STREET ADDRESS | 1129 CONOVER STREET | | 2.3 \$ | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | PT. CHARLOTTE FL | | 2.40 | 2. 4 CITY - ST - ZIP | | | | | |
| TITLE | ☐ DELETE | | 3.1 TI | 3.1 TITLE | | | Change | Addition | |
| NAME | | | 3.2 N | IAME | | | | | |
| STREET ADDRESS | | | 3.3 S | TREET AL | ODRESS | | | | |
| CITY-ST-ZIP | | | 3.4. 0 | CITY-ST- | ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 T | | | | ☐ Change | Addition | |
| NAME | | | 4.21 | NAME | | | | ļ | |
| STREET ADDRESS | | | | TREET AL | ODRESS | | | | |
| CITY - ST - ZWP | | | | aty-st- | | | | | |
| TITLE | | DELETE | 5.1 Ti | | <u></u> | | Change | ☐ Addition | |
| NAME | | — | 5.2 N | | | | • | | |
| STREET ADDRESS | | | | TREET AL | nnesee | | | | |
| | | | | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 C | ITY - ST - | ZP | | ☐ Change | Addition | |
| | | | | | 1 | | | | |
| NAME | | | 6.2 N | | | | | | |
| STREET ADDRESS | | | | TREET AL | 1 | | | | |
| CITY-ST-ZIP | | 745 45 75 470 75 75 | | HY-ST- | | in Section 119 07(3)(i) Florida Statutes I furi | than aprilé shar sh | a information | |
| r 44 Iberebur | sorrisy that the information cumplied y | with this tilboo does not dualify | I TOT TOA AY | OMODIC | haters or | in seculor 139 UZCSIO FIORDA SIAIGRAS TRUI | mer centry that in | o municipation I | |

r mercry certify true intermetron supplied with this timing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 the 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: