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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90031 011 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G75081

BUFFKIN CERAMIC TILE SUPPLY, INC.

Principal Place	e of Business	Mailing Address				1 (89))); 89); 1000; 61))	B1011 1910 1111 110 1111		
3370 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953 3370 N. COURTENAY PARK MERRITT ISLAND FL 32953			VAY			DO NOT	WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qua	lifed		
						12/19/1983			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For
21	· · · · · · · · · · · · · · · · · · ·	26				59-2477716			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ ' ' '			5. Certifcate of Status Desire	ed 💢		Additional Required
City & State		City & State	City & State			6. Election Campaign Finan	cing	\$5.0	May Be
23 28						Trust Fund Contribution		Adde	to Fees
Žip	Country	Zip	Coun	try		8. This corporation owes the	current year		100 A
24	25		30			Personal Property Tax.		Yes	XINo
	9. Name and Address of Curren			81	Name	10. Name and Address of N	ew Register	red Agent	
RIIC	EVIN CHDISTINA		-	" '	Name				
3370	N. COURTENAY	· A.		B2 3	Street Addres	ss (P.O. Box Number is Not Ac	ceptable)		
MER	RITT ISLAND FL 32953		ŀ	83					
	. •			84 (City	*************************************	, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip	Code *
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the ab	ove-n	named corpor	ration submits this statement fo	r the purpose	e of changing i	ts registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was au	thorized	by thi	e corporation	i's board of directors. I hereby	accept the ap	pointment as	registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statu	es.					
agent. Fa	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statu	es.					
agent. I a	m ramiliar with, and accept the obligat	it and title if applicable. (NOTE: 1	Registered A	.es.	ignature required v	when reinstating)	DATE		
agent. Fa.	m ramiliar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	tions of, Section 607.0505, Flori t and title if applicable. (NOTE: I D DIRECTORS	Registered A	.es. gent si		when reinstating) ADDITIONS/CHANGES TO	DATE	AND DIRECT	ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE: 1	Registered A	gentsi E		when reinstating)	DATE		ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD BUFFKIN, ROBERT E.	tions of, Section 607.0505, Flori t and title if applicable. (NOTE: I D DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM	gentsi E E	ignature required v	when reinstating) ADDITIONS/CHANGES TO	DATE	AND DIRECT	ORS IN 12
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Agent. Fa. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD BUFFKIN, ROBERT E. 3370 N. COURTENAY PKWY MERRITT ISLAND FL STD	tions of, Section 607.0505, Flori t and title if applicable. (NOTE: I D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITT 2.1 TITL	gent si E NE EET AL '-ST-Z	ignature required v	when reinstating) ADDITIONS/CHANGES TO	DATE	AND DIRECT	ORS IN 12
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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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Change

☐ Addition