FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 PM 3:33

DOCUMENT # **H85185** **(7)**

1. Corporation Name
URO TILE OF ST. LUCIE COUNTY, INC.

Principal Place of Business	Mailing Address
8428 S. U.S. 1 PORT ST. LUCIE FL 34952 US	8428 S. U.S. 1 PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/14/1985**
3a. Date of Last Report: **09/06/1994**

2. Principal Place of Business
21: 4393 SKYLINE DR
22: Suite, Apt. #, etc.
23: City & State: Jensen Beach FL.
24: Zip: 34957 Country:

2a. Mailing Address
26: 4393 SKYLINE DR
27: Suite, Apt. #, etc.
28: City & State: Jensen Beach FL
29: Zip: 34957 Country:
30:

4. FEI Number: **59-2604988** ☐ 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

9. Name and Address of Current Registered Agent

BRANTINGHAM, PHIL
4393 SKYLINE DR.
JENSEN BEACH FL 34957

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	P	11 TITLE	☐ Change ☐ Addition
NAME	BRANTINGHAM, PHIL	12 NAME	
STREET ADDRESS	4393 SKYLINE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BRANTINGHAM, NANCY	22 NAME	100001430511
STREET ADDRESS	4393 SKYLINE DR.	23 STREET ADDRESS	-05/17/95 --01041 --013
CITY-ST-ZIP	JENSEN BEACH FL	24 CITY-ST-ZIP	****225.00 ****225.00
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BRANTINGHAM, JULIE	32 NAME	
STREET ADDRESS	4393 SKYLINE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH.	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	BRANTINGHAM, ETHAN	42 NAME	
STREET ADDRESS	4393 SKYLINE DR.	43 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH. FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	DWP
STREET ADDRESS		63 STREET ADDRESS	5-1-95
CITY-ST-ZIP		64 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: Nancy A. Brantingham NANCY A. BRANTINGHAM 5-10-95 407-334-9441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0342000 CP