FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT Jun 04 1998 8:00am ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name J48304 (6)COASTAL TILE OF SARASOTA, INC. Principal Place of Business Mailing Address P O BOX 2348 P O BOX 2348 SARASOTA FL 34230 SARASOTA FL 34230 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/22/1986</u> 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 2836 59-2751368 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Spate City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ∏ No 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HORTON, WILLIAM FRANKLIN 2836 POPLAR STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SARASOTA FL 34237** 83 84 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) OF HICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Change Addition HORTON, WILLIAM FRANKLIN NAME 1.2 NAME **2836 POPLAR STREET** STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 1.4 CITY+ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition HORTON, DONALD L 2.2 NAME 2836 POPLAR ST. STREET ADDRESS 2.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3 t TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby cortify 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.

FILED