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

**CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

J63562

(9)

## **FILED** May 05 1998 8:00am Secretary of State

	TILE COMPANY, INC.	<b>\</b> -,			
<b>Principa</b> l Plac	e of Business	Mailing Address			idir minii Albii Aldii Albii 1881
		DEREK R JUDO			
5121 SE 38 ST OCALA FL 34480		5121 SE 38 ST OCALA FL 34480		DO NOT WRITE IN THIS SPACE	
US STAND		US 15 34460		3. Date Incorporated or Qualified	IO OF AGE
				03/25/1987	
2. Principal P	face of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2805273	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes 🔲 No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registere	d Agent
Judd, Derek R.			81 Name		
5121 <b>S</b> E 38 ST			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
OCALÀ FL 34480					
			83		
* *	;		84 City		■ 85 Zip Code
				F	L
11. Pursuant	to the provisions of Sections 607 0	502 and 607.1508, Florida <b>Sta</b> tute	s, the above-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered
agent. I a	m <b>fam</b> iliar with, and accept the obl	igations of, Section 607.0505, Flo	iuinorizeo by the corpor irida Statutes.	ration's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					
O GIATTOTAL	Signature typod or printed name of registered a		Registered Agent signature rec	quited when reinstaling) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	JUDD, DEREK R.		1.2 NAME		
STREET ADDRESS	5121 SE 38 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34480		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELE <b>TE</b>	2.1 TITLE		Change Addition
NAME	JUDD, MILLARD R		2.2 NAME	: -	
STREET ADDRESS	2704 NE 1ST AVE		2.3 STREET ADDRESS		
CITY+ST-ZIP	OCALA FL		2. 4 CITY - ST - ZIP		
TITLE	V	☐ DELETÉ	3.1 TOTLE		Change Addition
NAME	<b>JUDD, MILALRD</b> R III		3.2 NAME		
STREET ADDRESS	14348 NE 53 CT RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL		3.4 CITY-ST-ZIP		
TITLE	ST .	☐ DELETE	4.1 TITLE		Change Addition
NAME	<b>J</b> UDD, KEITH		4. 2 NAME		
STREET ADDRESS	5634 E CTY RD 316		4.3 STREET ADDRESS		1
CITY-ST-ZIP	CITRA FL		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 Crty+St+ZiP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 or an attachment with an address.