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

95 MAY -1 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J78542 (4)

1. Corporate Name
BRICKLEY & SONS TILE SERVICE, INC.

Principal Place of Business
473 FALLON DR
PORT ST LUCIE FL 34983

Mailing Address
473 FALLON DR
PORT ST LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1987
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or — 22
Suite, Apt. # or — 27
City, State — 23
City, State — 28
24 25 29 30

4. FEI Number: 59-2830889 — 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. Does corporation has liability for intangible tax under § 199.032, Florida Statutes? X Yes ☐ No

9. Name and Address of Current Registered Agent
BRICKLEY, JOHN
473 FALLON DR
PORT ST LUCIE FL 34983

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 Section 607.0501 and 607.0505, 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 and accepts the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PTD	TITLE	☐ Change ☐ Addition
NAME	BRICKLEY, JOHN	NAME	
STREET ADDRESS	473 FALLON DR	STREET ADDRESS	
CITY, ST, ZIP	PORT ST. LUCIE FL	CITY, ST, ZIP	
TITLE	VSD	TITLE	☐ Change ☐ Addition
NAME	BRICKLEY, DEBORAH	NAME	
STREET ADDRESS	473 FALLON DR	STREET ADDRESS	
CITY, ST, ZIP	PORT ST. LUCIE FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is true and complete, to the extent applicable, for the corporation identified in Section 1 of this report. I further certify that if this report is an amended annual report, or a supplemental annual report, that all other previously filed annual reports, amendments and supplements shall have the same legal effect as if made a part of this report. I further certify that I am a duly authorized officer or director of the corporation or the designated agent of the corporation named in Section 1 of this report, as required by Chapter 607, Florida Statutes, and that, upon request, I will furnish a copy of the articles of incorporation, or amendment, found with an address.

SIGNATURE: Deborah A Brickley — Deborah Brickley — 4/28/95 — 407-871-2576
SIGNATURE AND TYPED OR PRINTED NAME OF BIONDI OFFICER OR DIRECTOR

0404420 FP