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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J78542

(4)

BRICKLEY & SONS TILE SERVICE, INC.

FILED

May 04 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address	. (ABINO BIII (ABB) MIN BINI BINI BINI AMIN BINI AMIN AMIN AMIN BINI BINI AMIN BINI BINI BINI MINI BINI BINI BINI B
473 FALLON OR	473 FALLON DR	

PORT ST LUC	HE FL 34983	PORT ST LUCIE FL 349	983			DO NOT WRITE IN	2 2111	PACE		
						3. Date Incorporated or Qualified 06/15/1987		17.00		
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number			App	lied For
21		26				59-2830889			Not	Applicable
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired]		75 Ad e Req	Iditional ulred
City & State		City & State				Election Campaign Financing Trust Fund Contribution]		.00 M	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid th	e curr	ent ye:	ar Intar	ngible
24	25	29	30			Personal Property Tax due June 30.		Yes		No
DO	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registe	ered A	gent_		
BRI	CKLEY, JOHN		Į	81	Name					
	FALLON DR			82	Street Add	ress (P.O. Box Number is Not Acceptable)				
PU	RT ST LUCIE FL 34983		}	83						
			į	03						
				84	City		FL	85	Zip Co	de
	o the provisions of Sections 607.050, agistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Horida. Such change was stions of, Section 607.0505, F	itos, the ab authorized lorida Stati	ove i by utes	named corp the corporal	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of o	changi intmer	ng its r	registered gistered
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable (NO	III: Bodistored	Ane	nt signature room	red when reinstating)	ATE			
12.	OFFICERS AND		13.	- 19.		ADDITIONS/CHANGES TO OFFICERS		DIREC	TORS	IN 12
TITLE	PID	DELETE	1.1 TIT	LĒ				Cha	nge	☐ Addition
NAME	BRICKLEY, JOHN		1.2 NA	ME						-
STREET ADDRESS	473 FALLON DR		1.3 STI	REET	ADDRESS					
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CIT	Y-\$1	r-zip					
TITLE	VSD	DELETE	2170	L£			Ţ	Cha	nge	Addition
NAME	BRICKLEY , DEBORAH		2.2 NA	ME						
STREET ADDRESS	473 FALLON DR		2.3 \$1	REE 1	ADDRESS	*				
CITY-ST-ZIP	PORT ST. LUCIE FL	· • · · · · · · · · · · · · · · · · · ·	2. 4 01		J - ŽIP					
TITLE		☐ DELETE	3.1 TH				Į	Chai	nge	Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 STF	REET	ADDRESS					
CITY-ST-ZIP		T critte	3.4. Cl		I - ZIP					
TITLE		☐ DELETE	4.1 111		Ì		ι	Char	nge [Addition
NAME			4. 2 NA							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CIT 5.1 TIT	_	- ZIP			1 Cha		Addition
NAME		occen c					ι	Char	ige L	Addition
STREET ADDRESS			5.2 NAI		100000					
CITY-ST-ZIP					ADDRESS					
TITLE		DELETE	5.4 CIT 6.1 TIT		- £11°			Char	nne T	Addition
NAME		ET brake	6.2 NA					_, 01181	nyo L	Adollion
STREET ADDRESS					ADDRESS I					
CITY-ST-ZIP										
0011-01-207			6.4 CIT	1-51	- ZIP					

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under earli; 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.