

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J87956 (5)

1. Corporation Name

DALE'S TILE SERVICE, INC.



Principal Place of Business

**3005 COLFAX ST.
EUSTIS FL 32726**

Mailing Address

**3005 COLFAX ST.
EUSTIS FL 32726**

2. Principal Place of Business

21 6201 CHANTRY ST.

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FL.

Zip

24 32835

Country

25

2a. Mailing Address

26 6201 CHANTRY ST.

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FL.

Zip

29 32835

Country

30

9. Name and Address of Current Registered Agent

**GODSHALK, ROBIN
6201 CHANTRY ST
ORLANDO FL 32811**

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

Signature, typed or printed name of registered agent and then in capitals.

(Note: Registered Agent's signature required when not starting.)

DATE

12. OFFICERS AND DIRECTORS

1 TITLE **P** ☐ DELETE
NAME **GODSHALK, BRIAN**
STREET ADDRESS **6201 CHANTRY ST**
CITY- ST- ZIP **ORLANDO FL**

2 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY- ST- ZIP

2 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

3 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

4 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

5 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

6 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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:

Brian Godshalk

Brian Godshalk

Pres. 4-29-96 (407)299-1545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed or Printed Name

CR2E034 (12/95)