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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

STREET ADDRESS

J95289

(1)

ANDY GIBSON CERAMIC TILE & M.	ARBLE, INC.			
Principal Place of Business	Mailing Address			
18134 SE FAIRVIEW CIR 18134 SE FAIRVIEW CIR 1800ESTA FL 33469-1806 US US			DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		10/02/1987 4. FEI Number	1 1
21	26. Walning Address			Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0070824	\$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 29 <i>33469-1806</i> 3	Country	8. This corporation owes or has paid the o	
24   25     9, Name and Address of Current	29  <i>J3467-</i>  806 3  Registered Agent	0	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
GIBSON, ANDREW		81 Name		- 7 - 13 - 1 - 1
18134 SE FAIRVIEW CIR		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
TEQUESTA FL 33469		62 Sileer A	address (F.O. Box Number is Not Acceptable)	
,20020	<b>\</b>	83		
<u> </u>		84 City		. 85 Zip Code
			F	L
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 of Pricers AND		Registered Agent signature r		ID DIDECTORO IN 140
12. OFFICERS AND I	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME GIBSON, ANDREW J.		1.2 NAME		Zi Gridinge incomori
STREET ADDRESS 18134 SE FAIRVIEW CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP TEQUESTA FL		1.4 CITY - ST - ZIP	33469-1806	
TITLE DST	DELETE	2.1 TITLE	23767 7000	Change Addition
NAME GIBSON, SANDRA K.		2.2 NAME		_
STREET ADDRESS 18134 SE FAIRVIEW CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP TEQUESTA FL		2. 4 City-ST(ZIP)	33469-1806	
TITLE V	☐ DELETE	3,1 TITLE		Change Addition
NAME GIBSON, CHRISTIAN A		3.2 NAME		
STREET ADDRESS 18134 SE FAIRVIEW CIR		3.3 STREET ADDRESS	120 STILLWATER CIRCL	
CITY-ST-ZIP TEQUESTA FL	<del>-</del> 1:		Supiter, FL. 33458-73	322
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP		Change   Addition
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition

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 chartised, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

BSON DST 1/4/98 (54) 747.1834

**FILED** 

Jan 15 1998 8:00am

Secretary of State