

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J96587** (7)
1. Corporation Name
T. C. TILE, INC.



Principal Place of Business Mailing Address
% ANTHONY CIERI
6220 W. CORPORATE OAKS DR
CRYSTAL RIVER FL 32629
P O BOX 128 N/A
6220 W. CORPORATE OAKS DR
HERNANDO FL 34442
US

3. Date Incorporated or Qualified **10/07/1987** 3a. Date of Last Report **04/28/1995**
4. FEI Number **59-2855408** 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. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **CITRUS COUNTY** 26 **3463 E HILLTOP LOOP**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
HERNANDO, FL
23 Zip Country 28 **34442** 29 **CITRUS**
24 25 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIERI, ANTHONY
6220 W. CORPORATE OAKS DR
CRYSTAL RIVER FL 32629
3463 E HILLTOP LOOP
HERNANDO, FL 34442

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 *Anthony J Cieri*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/1/96**

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CIERI, ANTHONY J**
CITY-ST-ZIP **6220 W CORPORATE OAKS DR**
CRYSTAL RIVER FL
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CIERI, PHYLLIS J.**
CITY-ST-ZIP **6220 W CORPORATE OAKS DR**
CRYSTAL RIVER FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3463 E HILLTOP LOOP**
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Anthony J Cieri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)