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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J96587

(7)

T. C. TILE, INC.

Principal Place of Business

Mailing Address

FILED Jan 21 1997 8:00am Secretary of State



% ANTHONY CIERI 3463 HILLTOP LOOP HERNANDO FL 34442 US		3463 E. HILLTOP LOOP HERNANDO FL 34442-215 US	HERNANDO FL 34442-2151		Date Incorporated or Qualified			
					10/07/1987	04/16/1996		
2. Principal Pi	lace of Business	2a, Mailing Address		0	4. FEI Number	Applied For	-	
	EHILL TOP LO	OP 26 3463 E Hec	CIOP	LOOP	59-2855408	Not Applica	ble	
Suite, Apt.	#, etc	Suite, Apt. #, etc.		18.08.08.13.14.14.14	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23 HERN	ANDO FL	City & State 28 SAME			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24 34442 25 CITRUS 29 SAME 3			30 SA	In IM E	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CIERI, ANTHONY				81 Name				
3463 E. HILLTOP LOOP HERNANDO FL 34442			1	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
 			1	13				
			1	4 City		FL 85 Zip Code		
11. Pursuant t	to the provisions of Sections 607 egistered agent or both, in the 5	.0502 and 607.1508, Florida Statu Bale of Florida. Such change was	tes, the abo authorized	ve-named corp by the corporati	oration submits this statement for the pi ion's board of directors. I hereby accep	reas of standing to register	ed	
	m lap illur with lap it accept the c	bligations of, Spettin 607.0505, F	lorida Statu	tes.	14210-)		
SIGNATURE	Signature, typed or printed name of reposits	id agout and to eit applicable (NO	TE Registered	Agent signature require	ed when reinstating)	DATE	-	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	1	
ŤrTLÉ	PD	☐ DELETE	11 TITL	E .		Change Addit	lion है	
NAME	CIERI, ANTHONY J		1.2 NAM	E				
STREET ADDRESS	3463 E. HILLTOP LOOP		1.3 STRI	ET ADDRESS			Š	
CITY - SI - ZIF			1.4 CiTy	- S1 - ZIP			Š	
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STREET ADDRESS			2.3 STAI	ET ADDRESS				
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NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STR	ET ADDRESS				
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NAME			4. 2 NAM					
STREET ADDRESS			4.3 STR	ET ADDRESS				
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STREET ADDRESS			5 3 STRE	ET ADDRESS				
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TITLE		☐ DELETE	61 TITL			Change Addit	tion	
NAME.			62 NAM	F				
STREET ADDRESS			63STRE	ET ADDRESS				
CITY - ST - ZIP	**************************************			- ST - ZiP				
14. I do hereb	by certify that the information sup	plied with this filing does not qual	ify for the e	remption stated	in Section 119.07(3)(i), Florida Statutes	I further certify that the		

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 his corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 13 if changed, or on an attachment with an address. I am an officer or director of

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR