FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (1) B & F TILE AND DRYWALL, INC. Principal Place of Business Mailing Address 175 LOUISE ST. 175 LOUISE ST. FT. MYERS FL 33905 FT. MYERS FL 33905 3. Date Incorporated or Qualified 3a. Date of Last Report 01/06/1989 07/19/1995 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For 21 26 65-0100403 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 22 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 Country This corporation has liability for intangible tax under s 199.032, Florida Statutes
Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MORANDO, FRED T., JR. Street Address (P.O. Box Number is Not Acceptable) 82 175 LOUISE STREET FT. MYERS FL 33905 83 84 City 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 charge was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Florida Statutes. Signatine typed or partial beautiof real densitiagent at the inflagriculation 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TO F ☐ Change ☐ Addition MORANDO, FRED T., JR. NAME 1.2 NAME CR2E034 175 LOUISE ST. STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL CITY - ST - ZIP 1.4 Otty - ST - ZiE TITLE DVS DELETE 2 1 III; F Change Addition MORANDO, BETTY L. NAME 2.2 NAME 175 LOUISE ST. 2.3 STREET ADDRESS FT. MYERS FL City - ST- ZIP 2 4 C(TY - ST - Z)P THEF DELETE 3 1 Tiff LE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 C:TY - ST - ZiP TITLE DELFIE 4 1 7:116 ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change ncitibbA [NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CiTY+ST-ZiP TITLE DELETE 5.1 DLF Change ☐ Add-tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP E4 CITY ST-ZIE 14. I do hereby certify that the information supplied with this fing is voluntarly turnished 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 arinus' 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

Dresident

SIGNATURE:

(12/95)

941-694-0309