

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:35

DOCUMENT # **K59113** (6)
1. Corporation Name
RON POPE CERAMIC TILE, INC.

Principal Place of Business Mailing Address
12290 S.E. 115TH AVE. 12290 S.E. 115TH AVE.
P O BOX 700 P O BOX 700
OKLAWAHA FL 32179 OKLAWAHA FL 32179
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		01/17/1989	04/12/1994
22 Suite, Apt. #, etc.		22 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		23 City & State		59-2972308	Not Applicable
24 Zip		24 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		25		<input type="checkbox"/>	<input type="checkbox"/>
26		26		6. Election Campaign Financing	\$5.00 May Be Added to Fees
27		27		Trust Fund Contribution	<input type="checkbox"/>
28		28		7. This corporation has liability for intangible tax under C. 190.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29		29			
30		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POPE, DAVID R. 12290 SE 115TH AVE. BELLEVUE FL 34420				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 title) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, DAVID R.	12 NAME	
STREET ADDRESS	12290 SE 115TH AVE.	13 STREET ADDRESS	
CITY ST ZIP	BELLEVUE FL	14 CITY ST ZIP	
TITLE	VST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, SYLVIA J.	22 NAME	
STREET ADDRESS	12290 SE 115TH AVE.	23 STREET ADDRESS	
CITY ST ZIP	BELLEVUE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, SYLVIA J.	32 NAME	
STREET ADDRESS	12290 SE 115TH AVE.	33 STREET ADDRESS	
CITY ST ZIP	BELLEVUE FL	34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 110.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: *Sylvia J. Pope* 4/5/95 904-288-1441
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Telephone #)

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE \$200.00

**ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is \$200.00.

- | | |
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| <p>Block 1. Block 1 is preprinted with the corporation name and principal place of business as previously reported to our office. The name of corporation cannot be changed by you.</p> <p>Block 2. Enter the principal place of business if it differs from that reported in Block 1.</p> <p>Block 2a. If the computer-entered mailing address differs from that reported in Block 1, enter the mailing address.</p> <p>Block 3. Enter the date of incorporation or qualification.</p> <p>Block 3a. Enter the file date of the last filed annual report.</p> <p>Block 4. Complete Block 4 by entering your Federal Employer Identification Number (FEI). If you are a new filer, you must provide the FEI number. For assistance, call (904) 487-6056.</p> <p>Block 5. Should you desire a certificate reflecting the payment of the intangible tax, you must pay an additional \$8.75 with your filing.</p> <p>Block 6. Florida law allows for a voluntary resignation of officers and members of the Cabinet. If you are resigning, you must file a separate form with the Department of State.</p> <p>Block 8. Check the appropriate box. Please indicate if the corporation is a foreign corporation.</p> <p>Block 9. The law requires that each corporation file an annual report. If you fail to file, the Department of State may take action against the corporation.</p> <p>Block 10. Enter name of new Registered Agent. THE CORPORATION CANNOT BE REINSTATED BY THE REGISTERED AGENT.</p> <p>Block 11. The new registered agent must sign in Block 11. No signature is required for the former registered agent.</p> <p>Block 12. Block 12 contains the last information reported in Block 13. If there is no change, you do not need to re-enter this information.</p> <p>Block 13. Block 13 is for changes or additions to the information reported in Block 12. Use the following type symbols on the title line: P-President, V-Vice President, S/D-Secretary/Director, V/S-Vice Secretary/Vice Director, V/T/D-Vice Treasurer/Director, and "NA" for Not Applicable. If the officer or director's address is confidential, enter "CONFIDENTIAL" in the address field. If there is no street address, enter "NO STREET ADDRESS".</p> <p>Block 14. This report must be signed in Block 12, Block 13 if a change in the registered agent is being reported. A signature placed on an attached check is not acceptable for service of process.</p> | <p>Please note MARION COUNTY has changed my House Number and business to:
12310 S.E. 115 Ave.
Belleview, FL. 34420</p> <p>THANKS
Alice J. Payne</p> |
|---|---|

Send only 1995 Preprinted A with stub and check to:
Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Deliver to this address:

(Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.