

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

**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # K59113 (6)**

1. Corporation Name  
**RON POPE CERAMIC TILE, INC.**



Principal Place of Business <b>12290 S.E. 115TH AVE. P O BOX 700 OKLAWAHA FL 32179 US</b>	Mailing Address <b>12290 S.E. 115TH AVE. P O BOX 700 OKLAWAHA FL 32183-0700 US</b>
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3. Date Incorporated or Qualified <b>01/17/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2972308</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>12310 SE 115 Ave.</b> 22 State, Apt. #, etc.	2a. Mailing Address 26 <b>12310 SE 115 Ave.</b> 27 State, Apt. #, etc.
23 <b>Bellevue, FL</b> City & State	28 <b>Bellevue, FL</b> City & State
24 <b>34420</b> 25 Country	29 <b>34420</b> 30 <b>Marion</b> Country

9. Name and Address of Current Registered Agent <b>POPE, DAVID R. 12310 SE 115 AVE BELLEVUE FL 34420</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City <b>FL</b> B5 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POPE, DAVID R.</b>		1.2 NAME	
STREET ADDRESS <b>12310 SE 115 AVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BELLEVUE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POPE, SYLVIA J.</b>		2.2 NAME	
STREET ADDRESS <b>12310 SE 115 AVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BELLEVUE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POPE, SYLVIA J.</b>		3.2 NAME	
STREET ADDRESS <b>12310 SE 155 AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BELLEVUE FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Sylvia J. Pope* **2/12/97 352-288-1441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)