ANNU	PROFIT PORATION IAL REPORT 19963-5-96	Sandr Secre	PARTMENT OF STATE of B. Mortham etary of State of CORPORATIONS		
Corporation	MENT # K870 Y SMITH TILE, INC.	13 (4)		. 1844/11 81/ 1844 1880 84/8/ 18	885 (III) 818(I 818(I 818(I 818(I 818(I 818(I 818(I 818(I
icipal Place	of Business _.	Mailing Address			
%jerald e 915 us 1 Sebastian Us	. SMITH. SR. FL 32958	%JERALD E. SMITH 9406 126TH AVENU FELLSMERE FL 329	E	3. Date Incorporated or Qualified	3a. Date of Last Report
Principal Pla	ace of Business	2a. Mailing Address		05/10/1989 4. FEI Number 65-0117636	01/13/1995 Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicabl \$8.75 Additional Fee Required
Oily & State	· · · · · · · · · · · · · · · · · · ·	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
/sp	Country 25 9. Name and Address of Curre	Ζιρ 29	Country 30	8. This corporation has liability for Florida Statutes 10. Name and Address of New F	No No
			84 City		85 Zip Code
or registere familiar witi NATURE	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was authori stion 607.0505, Florida Statute	ites, the above named corpo ized by the corporation's boa is.	oration submits this statement for the purific of directors. I hereby accept the app	rpose of changing its registered offi orintment as registered agent. I am
or registere familiar wili NATURE	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Squater threat or putton have diregalized agen OFFICERS AN	rida, Such change was authori tion 607,0505, Florida Statute nt and title Lappidoäble (N ND DIRECTORS	utes, the above named corpo- ized by the corporation's boa is. In the indicate of the corporation of the co	ard of directors. I hereby accept the app ad when renslating?	PL
or registere familiar will NATURE	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Square tyrotor puter have diregalized agen	rida. Such change was authori tion 607.0505, Florida Statute n: ard tite Lappicable (N	utes, the above named corporated by the corporation's boards. VOTE: Registered Agent syndre require 13. 1 1 TILLE 1.2 NAME	ard of directors. I hereby accept the app ad when renslating?	PL
or registere familiar will NATURE	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Squares Interference name chregisterel ages OFFICERS AN DPT SMITH, JERALD E., SR. 9406 126TH AVE. FELLSMERE FL	rida, Such change was authori tion 607,0505, Florida Statute nt and title Lappidoäble (N ND DIRECTORS	utes, the above named corpo ized by the corporation's boards. In the corporation of the	ard of directors. I hereby accept the app ad when renslating?	PL
or registere familiar will NATURE S LADDRESS S1.24F	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature Investor protect name of registered agen OFFICE RS AN DPT SMITH, JERALD E., SR. 9406 126TH AVE. FELLSMERE FL DS SCHULER, LAURA L.	rida, Such change was authori tion 607,0505, Florida Statute nt and title Lappidoäble (N ND DIRECTORS	ites, the above-named corpolized by the corporation's boals. 13. 1 1 TILE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TILE 22 NAME	ard of directors. I hereby accept the app ad when renslating?	PL
or registere familiar will NATURE	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature Interdisciplination name of registered agen OFFICERS AN DPT SMITH, JERALD E., SR. 9406 126TH AVE. FELLSMERE FL DS	rida. Such change was authoristion 607.0505, Florida Statute Pland the Lagracolds ND DIRECTORS	utes, the above-named corpolized by the corporation's boards. NOTE: Registered Apert squature require 13. 1 1 TITLE 1.2 NAME 1.3 STHEET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE	ard of directors. I hereby accept the app ad when renslating?	PL
or registers familiar with NATUERE I ADDRESS SI - ZIF I ADDRESS SI - ZIF I ADDRESS SI - ZIP	ed agent, or both, in the State of Flor In, and accept the obligations of, Sec Signature Inflormation pure in the circumstance of registerer agent OFFICERS AN DPT SMITH, JERALD E., SR. 9406 126TH AVE. FELLSMERE FL DS SCHULER, LAURA L. 9406 126TH AVE. FELLSMERE FL DV HOLYCROSS, BILL D	rida. Such change was authoristion 607.0505, Florida Statute Pland the Lagracolds ND DIRECTORS	ites, the above-named corpolized by the corporation's bodies. ITS. 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ard of directors. I hereby accept the app ad when renslating?	PL
or registers familiar with NATURE	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature Inflormation problematic diregistrate agen OFFICERS AN DPT SMITH, JERALD E., SR. 9406 126TH AVE. FELLSMERE FL DS SCHULER, LAURA L. 9406 126TH AVE. FELLSMERE FL DV	rida. Such change was authoristion 607.0505, Florida Statute In and the Lappidouble (A) IND DIRECTORS DELETE	ites, the above-named corpolized by the corporation's boals. 13. 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS	ard of directors. I hereby accept the app ad when renslating?	PL
or registere familiar will NATURE	ed agent, or both, in the State of Flor In, and accept the obligations of, Sec Squared Infector pulsar name chregistred agen OFFICERS AN DPT SMITH, JERALD E., SR. 9406 126TH AVE. FELLSMERE FL DS SCHULER, LAURA L. 9406 126TH AVE. FELLSMERE FL DV HOLYCROSS, BILL D 175 20TH AVE	rida. Such change was authoristion 607.0505, Florida Statute In and the Lappidouble (A) IND DIRECTORS DELETE	ites, the above-named corpolized by the corporation's bodies. ITS. 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ard of directors. I hereby accept the app ad when renslating?	PL
or registere familiar will NATURE	ed agent, or both, in the State of Flor In, and accept the obligations of, Sec Squared Infector pulsar name chregistred agen OFFICERS AN DPT SMITH, JERALD E., SR. 9406 126TH AVE. FELLSMERE FL DS SCHULER, LAURA L. 9406 126TH AVE. FELLSMERE FL DV HOLYCROSS, BILL D 175 20TH AVE	ida. Such change was authoristion 607.0505, Florida Statute It and the Lappicolists ID DIRECTORS DELETE DELETE	ites, the above-named corpolized by the corporation's boals. 13. 1 1 Title 12 NAME 1.3 STHEET ADDRESS 1.4 City-St-Zip 2 1 Title 22 NAME 23 STREET ADDRESS 2.4 City-St-Zip 3 1 Title 32 NAME 33 STREET ADDRESS 3.4 City-St-Zip 4 1 Title 42 NAME 4.3 STREET ADDRESS	ard of directors. I hereby accept the app ad when renslating?	PL
or registere familiar will NATURE	ed agent, or both, in the State of Flor In, and accept the obligations of, Sec Squared Infector pulsar name chregistred agen OFFICERS AN DPT SMITH, JERALD E., SR. 9406 126TH AVE. FELLSMERE FL DS SCHULER, LAURA L. 9406 126TH AVE. FELLSMERE FL DV HOLYCROSS, BILL D 175 20TH AVE	ida. Such change was authoristion 607.0505, Florida Statute It and the Lappicolists ID DIRECTORS DELETE DELETE	ites, the above-named corpolized by the corporation's boals. 13. 1 1 Title 12 NAME 1.3 STHEET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TITLE 42 NAME	ard of directors. I hereby accept the app ad when renslating?	rpose of changing its registered off contrnent as registered agent. I am DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
OF registers familiar with NATUERS. LADDRESS. LADDRESS. LADDRESS. S1-2/P. LADDRESS. S1-2/P. LADDRESS. S1-2/P. LADDRESS. S1-2/P.	ed agent, or both, in the State of Flor In, and accept the obligations of, Sec Squared Infector pulsar name chregistred agen OFFICERS AN DPT SMITH, JERALD E., SR. 9406 126TH AVE. FELLSMERE FL DS SCHULER, LAURA L. 9406 126TH AVE. FELLSMERE FL DV HOLYCROSS, BILL D 175 20TH AVE	ida. Such change was authoristion 607.0505, Florida Statute in and the Lappicolitic (N) ID DIRECTORS DELETE DELETE	ites, the above-named corpolized by the corporation's boals. ITS: 1 TITLE 12 NAME 1.3 STHEET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ard of directors. I hereby accept the app ad when renslating?	pose of changing its registered off contrnent as registered agent. I am DATE
or registere familiar will NATURE LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP	ed agent, or both, in the State of Flor In, and accept the obligations of, Sec Squared Infector pulsar name chregistred agen OFFICERS AN DPT SMITH, JERALD E., SR. 9406 126TH AVE. FELLSMERE FL DS SCHULER, LAURA L. 9406 126TH AVE. FELLSMERE FL DV HOLYCROSS, BILL D 175 20TH AVE	ida. Such change was authoristion 607.0505, Florida Statute in and the Lappicolitic (N) ID DIRECTORS DELETE DELETE	Ites, the above-named corpolized by the corporation's boalized by	ard of directors. I hereby accept the app ad when renslating?	PL
or registere familiar will NATURE. LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP LADDRESS S1-ZIP	ed agent, or both, in the State of Flor In, and accept the obligations of, Sec Squared Infector pulsar name chregistred agen OFFICERS AN DPT SMITH, JERALD E., SR. 9406 126TH AVE. FELLSMERE FL DS SCHULER, LAURA L. 9406 126TH AVE. FELLSMERE FL DV HOLYCROSS, BILL D 175 20TH AVE	ida. Such change was authorition 607.0505, Florida Statute in a d the Lappicable the NO DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Ites, the above-named corpolized by the corporation's boals. 13. 1 1 Title 12 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip 2 1 Title 22 NAME 23 STREET ADDRESS 2.4 City-St-Zip 3 1 Title 32 NAME 33 STREET ADDRESS 3.4 City-St-Zip 4 1 Title 42 NAME 4.3 STREET ADDRESS 4.4 City-St-Zip 5 1 Title 52 NAME 53 STREET ADDRESS 5.4 City-St-Zip 5 1 Title 52 NAME 53 STREET ADDRESS 5.5 STREET ADDRESS 5.5 STREET ADDRESS	ard of directors. I hereby accept the app ad when renslating?	PL