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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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FILED
Jan 20 1998 8:00am
Secretary of State

1. Corporatio	SMITH TILE, INC.	Mailing Address			
SUBTRALD E. SMITH. SR.		SUBRALD E. SMITH, S	R.		
915 US 1 Sebastian Fl 32958		9406 126TH AVENUE Fellsmere Fl 32948		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		05/10/1989 4. FEI Number	Applied For
21		26		65-0117636	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	·	28		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.  10. Name and Address of New Registere	No No
	MITH, JERALD E. SR.	in registered Agent	B1 Name	10. Name and Address of New Registers	ao Agent
	06 126TH AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	LLSMERE FL 32948			Tess (F.O. Box Number is Not Acceptable)	
			[83]		
			84 City		85 Zip Code
11. Pursuant office or ragent. La	egistered agent, or both, in the Stat im familiar with, and accept the obli	o of Florida. Such change was gations of, Section 607,0505, F	utes, the above named corp authorized by the corporal lorida Statutes.	poration submits this statement for the purpose lion's board of directors. I hereby accept the a	of changing its registered
12.	Signature, typed or printed name of registered a	gent and title if applicable (NC ND DIRECTORS	TE Registered Agent signature requirement	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPT	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	SMITH, JERALD E., SR.		1.2 NAME		
STREET ADDRESS	9406 126TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE FL	Dorest	1.4 CITY - ST - ZIP		
TITLE NAME	OV Schuler, Laura L.	☐ DELETE	2.1 1ITLE 2.2 NAME		Change Addition
STREET ADDRESS	9406 126TH AVE.		2.3 STHEET ADDRESS		
CITY-ST-ZIP	FELLSMERE FL		2. 4 FITY-ST-ZIP		
TITLE	DV	DELETE	3.1 TLF		Change Addition
NAME	SCHULER, LAURA		3.2 ME		
STREET ADDRESS	9408-126 AVENUE		3 3 FIFET ADDRESS		
CITY-ST-ZIP TITLE	FELLSMERE FL 32948	DELETE	3.9 Y-S1-ZIP		Change Addition
NAME		Second Section to 1 to			onongo nonton
STREET ADDRESS			ET ADDRESS		
CITY-ST-ZIP			\$T - ZIP		
THTLE		DELETE			Change Addition
NAME CONTRACTOR			ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			LET ADDRESS 5 Y-ST-ZIP		
TITLE		DELETE	6. 4		Change Addition
NAME			G.: ME		
STREET ADDRESS			6.3 REET ADDRESS		
CITY-ST-ZIP			6.4 ITY-ST-7IP	Section 119.07(3)(i), Florida Statutes. I further	

Thereby compy that the information supplies with this limit does not quality for the typical stated in Section 119.0/(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate alld that my signature shall have the same legal effect as if made under eath, 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.

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