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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(7)

H & L TILESETTERS, INC.

## **FILED** May 01 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		<del></del>	{	11 AIGH BIÀIS GINII NINK AIG	A DIDIK (DDI
21114 C.R. 33 GROVELAND		21114 C.R. 33 GROVELAND FL 34736			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 01/16/1990		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 21114 CR33 26 21114 CR33			3		<u>59-2988246</u>	N/	ot Applicable
Sulta, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	Additional equired	
City & State	refand Fla	City & State  28 CRDV Elgnal	7/	A	Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip 24 347 2	34 25 Lake	29 34136	Count	te	8. This corporation owes or has pa Personal Property Tax due June	30. Yes	tangible No
	9. Name and Address of Curren	t Hegistered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
HOYLE, JUNIOR				INAME			
21114 C.R. 33 GROVELAND FL 34738			8		ess (P.O. Box Number is Not Acceptab	ile)	
				3			
				4 City		FL	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m≰amiliar with, and accept the pblig	2 and 607.1508, Florida Statuter of Florida. Such change was au ations of, Section 607.0505, Flor	s, the abo ithorized ida Statyt	ive-named corp by the corporat es.	oration submits this statement for the prior ion's board of directors. I hereby acceptions	ot the appointment as	ts registered registered
SIGNATURE	union g. Hork	2 Junio	Pt	toyle	5-2	10-78	
	Signature, typied or printed agree of registering agr OFFICERS AN		Registered A	igent signature requir		DATE	
12.	OFFICE.HS AN	DELETE 1.1 TI		-	ADDITIONS/CHANGES TO OFFIC	Change	Addition \$
NAME	HOYLE, TOM	1.1 N		\ \		Onlings	- Kaginori (
STREET ADDRESS	04444 0 D 00		1	ET ADDRESS			] §
CITY-ST-ZIP	ABOVE AND EL			-ST-ZIP			5
TITLE	P	DELETE 2.1 TO				Change	Addition
NAME	HOYLE, JUNIOR	2.2 N/		E			
STREET ADDRESS	04444 0 D 00		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	GROVELAND FL 34736		2.4 CITY	'-ST-ZIP	<u> </u>		}
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NAME	,		3.2 NAM	E			
STREET ADDRESS			3.3 STRE	ET ADDRESS			-
CITY-ST-ZIP	GROVELAND FL		3.4. CITY	-ST-ZIP			
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NAME			5.2 NAM				
STREET ADORESS				ET ADDRESS			
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NAME			6.2 NAM	1			1
STREET ADDRESS				ET ADDRESS			1
CITY-ST-ZIP			6.4 CITY	- ST - ZIP			

14. I 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.