

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L61266 (7)

1. Corporation Name

FORT MYERS TILE, INC.



Principal Place of Business

Mailing Address

C/O JOHN MCCALDEN
2722 FOUNTAIN VIEW CIR STE 208
NAPLES FL 33942
US

C/O JOHN MCCALDEN
2722 FOUNTAIN VIEW CIR STE 208
NAPLES FL 33942
US

3. Date Incorporated or Qualified

03/26/1990

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 18049 Constitution Circle

26 18049 Constitution Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft Myers FL

City & State

28 Ft Myers, FL

24 Zip 33912

25 Country USA

29 Zip 18049

30 Country USA

4. FEI Number

59-3006660

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

MCCALDEN, JOHN
2722 FOUNTAIN VIEW CIR
STE 208
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name John McCalden President
82 Street Address (P.O. Box Number is Not Acceptable)
83 18049 Constitution Circle
84 City Ft. Myers FL
85 Zip 33912

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

John McCalden President

(NOTE: Registered Agent signature required when reinstating.)

DATE

7-20-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCALDEN, JOHN	
STREET ADDRESS	9950 MERLE DR.	
CITY-ST-ZIP	N FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	John McCalden	
13 STREET ADDRESS	18049 Constitution Circle	
14 CITY-ST-ZIP	Ft Myers, FL 33912	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John McCalden - John McCalden

7-20-96 1941-466-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (3/96)