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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M36272 1. Corporation Name

D & B TILE OF NAPLES, INC.

Principal Place	e of Business	Mailing Address						., .,.,, .,.,,	
4431 CORPORATE SQUARE		C/O DAVID A. YARBOROUGH							
567 ELKCAM CIRCLE		14200 N.W. 4TH ST						D. A. O. C.	
NAPLES FL 33942		SUNRISE FL 33325			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed '			
						08/13/1986			
Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number			olied For
21		26				59-2700952			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27						Fee Red	·
City & State	0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	City & State	-			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	rees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current			
24	25		30			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	egistered A	gent	
V.50	DODOLIOU LUDOLO C		٠,٠	81 1	Name				
l	BOROUGH, HAROLO G.	•	~	82 5	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
14200 NW 4TH ST		•							
SUN	RISE FL 33325	•		83					ļ
			1	84 (City			85 Zip C	Code
{							FL	1	I
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the at	ove-n	named corpo	oration submits this statement for the p	surpose of c	hanging its	registered
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	nt Fiorida. Such change was au	itnonzea	DV III	e corporatio	n's board of directors. I hereby accept	tne appoin	tment as reg	gistered
agent. i a	m ramiliar with, and accept the obligat	ions or, decilon our losos, i lon	ou ou						- 1
,									i
SIGNATURE	Slovature, hand or printed name of registered agent	and title if applicable. (NOTE:	Registered		ignature required	when reinstating)	DATE		
	Signature, typed or printed name of registered agent		Registered		ignature required	when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
12.	OFFICERS AN		<u> </u>	Agent si	ignature required			DIRECTO	RS IN 12
12.	OFFICERS ANI	DIRECTORS	13.	Agent si	ignature required				
12. TITLE .	OFFICERS AND STD YARBOROUGH, DAVID A.	DIRECTORS	13. 1.1 TIT 1.2 NA	Agent si					
12. TITLE . NAME STREET ADDRESS	OFFICERS AND STD YARBOROUGH, DAVID A. 4844 S.W. 64TH AVE	DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	Agent sig LE ME REET AD	DDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND STD YARBOROUGH, DAVID A. 4844 S.W. 64TH AVE FT. LAUDERDALE FL	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CII	Agent signal LE ME REET AL TY-ST-Z	DDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND STD YARBOROUGH, DAVID A. 4844 S.W. 64TH AVE FT. LAUDERDALE FL PD	DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT	Agent signal LE ME REET AL IY-ST-Z	DDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND STD YARBOROUGH, DAVID A. 4844 S.W. 64TH AVE FT. LAUDERDALE FL PD YARBOROUGH, HAROLD G	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA	Agent eight LE ME REET AL IY-ST-Z LE ME	DDRESS ZIP			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND STD YARBOROUGH, DAVID A. 4844 S.W. 64TH AVE FT. LAUDERDALE FL PD YARBOROUGH, HAROLD G 15140 WHETSTONE WAY	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA 2.3 STI	Agent signal LE ME REET AL TY-ST-Z LE ME REET AL	DDRESS DDRESS			☐ Change	Addition
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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 employered 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 all attachment with an address with all priner like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HAROLO G. YARBOROUGH /27/29 IRED DIRECTOR

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90074 004 ***150.00