FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M74669** **(6)**

1. Corporation Name
ROWE TILE, INC.

Principal Place of Business	Mailing Address
C/O DEBORAH Q. ROWE 25137 BARTHOLOMEW ST. POB 128 CHRISTMAS FL 32709	C/O DEBORAH Q. ROWE 25137 BARTHOLOMEW ST. POB 128 CHRISTMAS FL 32709
2. Principal Place of Business	2a. Mailing Address
21 10380 Epiphyte Rd	26 10380 Epiphyte Rd.
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Mims FL	City & State 28 Mims FL
Zip 24 32754 Country 25 USA	Zip 29 32754 Country 30 USA

3. Date Incorporated or Qualified: 03/31/1988
3a. Date of Last Report: 01/13/1995
4. FEI Number: 59-2880466 ☐ 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**

ROWE, DEBORAH Q.
25137 BARTHOLOMEW STREET
CHRISTMAS FL 32709

10. **Name and Address of New Registered Agent**

81 Name: Deborah Q. Rowe
82 Street Address (P.O. Box Number is Not Acceptable): 10380 Epiphyte Rd.
83
84 City: Mims FL 85 Zip Code: 32754

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: Deborah Q. Rowe Deborah Q. Rowe DATE: 1/22/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D.V.P.TS	☒ Change ☐ Addition
NAME	ROWE, MAXWELL II		1.2 NAME	Maxwell Rowe II	
STREET ADDRESS	25137 BARTHOLOMEW ST		1.3 STREET ADDRESS	10380 Epiphyte Rd.	
CITY-ST-ZIP	CHRISTMAS FL		1.4 CITY-ST-ZIP	Mims, FL 32754	
TITLE	D	☐ DELETE	2.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	ROWE, DEBORAH Q.		2.2 NAME	Deborah Q. Rowe	
STREET ADDRESS	25137 BARTHOLOMEW ST		2.3 STREET ADDRESS	10380 Epiphyte Rd,	
CITY-ST-ZIP	CHRISTMAS FL		2.4 CITY-ST-ZIP	Mims FL 32754	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah Q. Rowe Deborah Q. Rowe 407-349-9604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
1/22/96

CR2E034 (12/95)