

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000000671 (7)

1. Corporation Name

B.K. TILE RESTORATION, INC.

Principal Place of Business

7501 BROOKHAVEN COURT
TAMPA FL 33634

Mailing Address

7501 BROOKHAVEN COURT
TAMPA FL 33634



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FLANSBURG, WALTER
7501 BROOKHAVEN COURT
TAMPA FL 33634

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified

10/26/1992

3a. Date of Last Report

04/14/1995

4. FET Number

59-3164337

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0403, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

FL

85

Zip Code

12. OFFICERS AND DIRECTORS

TITLE	PD	FLANSBURG, WALTER	☐ DELETE
NAME		7501 BROOKHAVEN CT	
STREET ADDRESS		TAMPA FL	
CITY - ST - ZIP			
TITLE	STD	FLANSBURG, KATHY A	☐ DELETE
NAME		7501 BROOKHAVEN CT	
STREET ADDRESS		TAMPA FL	
CITY - ST - ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 person or persons 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, in an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHY A. FLANSBURG

4/15/96 813-8886170

CR2E034 (12/95)