

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP -6 PM 2: 34



DOCUMENT # P93000006425 (1)

1. Corporation Name

MARTY MYNATT TILE, INC.

Principal Place of Business

Mailing Address

3554 24TH PARKWAY  
SARASOTA FL 34235

3554 24TH PARKWAY  
SARASOTA FL 34235

2. Principal Place of Business

2a. Mailing Address

21 4017 Prado dr

26 4017 Pradol dr

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 Sarasota FL

28 Sarasota FL

24 Zip

25 Country

29 Zip

30 Country

34235 USA

34235 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGIBBONS, THOMAS M  
1800 SECOND STREET  
SUITE 775  
SARASOTA FL 34236

81 Name

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

83

84 City

FL

85 Zip Code

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

*Theresa Mynatt*

Signature, typed or printed name of registered agent and the if applicable

(If "E", Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MYNATT, MARTY  
STREET ADDRESS 3554 24TH PARKWAY  
CITY-ST-ZIP SARASOTA FL 34235

TITLE VP  
NAME MYNATT, THERESA  
STREET ADDRESS 3554 14TH PKWY  
CITY-ST-ZIP SARASOTA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

600001346276  
-03/12/96--01109--012  
\*\*\*\*375.00 \*\*\*\*375.00

dee

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:

*Theresa Mynatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96

941-358-1048

Daytime Phone

CR2E034 (3/96)