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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000014159 (6)

STROMBERG TILE, INC.

## FILED May 11 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address  |  |   |                    |                 |                       | - I LOOKINGAL ISO KONDO KIKIK BONKA DERIK OOKRI BOKOK ISERIK E | 1001 (1001 D | HII III HII    |
|--|--|---|--------------------|-----------------|-----------------------|--|--------------|----------------|
| 3835 IDELWO  |  | <del>-</del>  | 3810 MAULE RD      |                 |                       |  |              |                |
| PENSACOLA FL 32505   |  | PENSACOLA FL 32503  |                    |                 |                       | 1  |              |                |
| {  |  | US  |                    |                 |                       | DO NOT WRITE IN THIS SPACE                                     |              |                |
|  |  |   |                    |                 |                       | 3. Date Incorporated or Qualified 02/15/1993                   |              |                |
|  | face of Business                         | 2a. Mailing Address   |                    |                 |                       | 4. FEI Number  | A            | pplied For     |
| 21   |  | 26  |                    |                 |                       | 59-3175972   |              | lot Applicable |
| Suite, Apt.  |  | Suite, Apt. #, etc.   | 27                 |                 |                       | 5. Certificate of Status Desired S8.75 Additional Fee Required |              |                |
| City & Stat  | е  | City & State  | City & State       |                 |                       | 6. Election Campaign Financing                                 | \$5.00       | May Be         |
| 23   |  | 28  | 1 -                |                 |                       | Trust Fund Contribution  |              | to Fees        |
| Zip<br>24  | Country                                  | Z <sub>IP</sub>   | <b>├</b> ─~        | untry           |                       | 8. This corporation owes or has paid the curre                 |              |                |
| [24]   |  | 25   29   30   Name and Address of Current Registered Agent |                    |                 |                       | Personal Property Tax due June 30.                             |              | No No          |
| STROMBERG, WILLIAM F   |  |   |                    |                 | Name                  | 10. Name and Address of New Hegistered A                       | 20Nt         |                |
|  | 5 IDELWOOD DR.                           |   |                    | 81              | INDITIO               |  |              |                |
|  | NSACOLA FL 32505                         |   |                    | 82              | Street Addres         | ss (P.O. Box Number is Not Acceptable)                         |              |                |
| , , ,  | 10ACOLA FL 32303                         |   |                    | 83              |                       |  |              |                |
|  |  |   |                    | ~               |                       |  |              |                |
|  |  |   |                    | 84              | City                  | FL   | 1 1 1        | 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. |  |   |                    |                 |                       |  |              |                |
| agent. I am familiar with, and accopt the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  |  |   |                    |                 |                       |  |              |                |
| Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered   |  |   |                    |                 | nt signature required | when reinstating) DATE   |              | <del></del>    |
| 12.  |  | ND DIRECTORS  | 13.                |                 |                       | ADDITIONS/CHANGES TO OFFICERS AND (                            | DIRECTO      | RS IN 12       |
| TITLE  | D  | ☐ DELETE  | 1.1 TI             | TLE             |                       |  | Change       | ☐ Addition     |
| NAME   | STROMBERG, WILLIAM F                     |   | 1.2 N              | AME             | į                     |  |              | i              |
| STREET ADDRESS   |  |   |                    | TREET A         | ADDRESS               |  |              |                |
| CITY-ST-ZIP  |  |   |                    | 1.4 CITY-ST-ZIP |                       |  |              |                |
| TITLE  | D DELETE                                 |   |                    | 2.1 TITLE       |                       |  | Change       | ☐ Addition }   |
| NAME   | STROMBERG, PEYTON K                      |   | 2.2 N/             | 2.2 NAME        |                       |  |              |                |
| STREET ADDRESS   | 3810 MAULE RD                            |   | 2.3 STREET ADDRESS |                 | address               |  |              |                |
| CITY-ST-ZIP  | PENSACOLA FL                             |   | 2.4 C              | ITY-ST          | r-zip                 |  |              |                |
| TITLE  |  | DELETE  | 3.1 11             | TLE             |                       |  | Change       | ☐ Addition     |
| NAME   |  |   | 3.2 N/             | AME             |                       |  |              |                |
| STREET ADDRESS   |  |   | 3.3 \$1            | reet A          | ADDRESS               |  |              |                |
| CITY-ST-ZWP  |  |   | 3.4. C             | ITY-ST          | f - ZIP               |  |              |                |
| TITLE  |  | ☐ DELETE  | 4.1 11             | TLE             |                       | ***************************************                        | Change       | Addition       |
| NAME   |  |   | 4. 2 N             | AME             |                       |  |              |                |
| STREET ADDRESS   |  |   | 4.3 ST             | REET A          | ADDRESS               |  |              |                |
| CITY-ST-ZIP  |  |   | 4.4 CI             | TY-ST           | - ZIP                 |  |              |                |
| TITLE  |  | ☐ DELETE  | 5.1 TF             | TLE             | ļ                     |  | Change       | ☐ Addition     |
| NAME   |  |   | 5.2 NA             | ME              | ĺ                     |  |              | ,              |
| STREET ADDRESS   |  |   | 5.3 ST             | REET A          | address               |  |              | İ              |
| CITY-ST-ZIP  |  |   | 5.4 CI             | TY-ST           | - ZIP                 |  |              |                |
| TITLE  |  | DELETE  | 6.1 10             | TLE             | 1                     | L  | Change       | ☐ Addition     |
| NAME   |  |   | 6.2 NA             | WE              | [                     |  |              | ĺ              |
| STREET ADDRESS   |  |   | 6.3 ST             | REET A          | adoress               |  |              | }              |
| CITY-ST-ZIP  | artifications the information associated | 22.11.20  | 6.4 CI             | TY-ST-          | - ZIP                 |  |              |                |
| THE I DOCODULA   |  |   |                    |                 |                       |  |              |                |

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 if changed, or on an attachment with an address.

SIGNATURE: Luton K. VITO mous IT

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