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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90175 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029873

1. Corporation Name

TILE & MARBLE CREATIONS, INC.



Principal Place of Business

**8441 ASHFORD PLACE
NEW PORT RICHEY FL 34655
US**

Mailing Address

**8441 ASHFORD PLACE
NEW PORT RICHEY FL 34655
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1993

4. FEI Number

65-0402301

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CONTAFIO, ANDREW T
454 WHISPERING LAKES BLVD.
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name

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

8441 Ashford Pl

83

84 City

New Port Richey

FL

85 Zip Code

34655

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
CONTAFIO, ANDREW T
STREET ADDRESS **8441 ASHFORD PLACE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **D**
CONTAFIO, TAMMY L
STREET ADDRESS **8441 ASHFORD PLACE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **D**
MECKLEY, JAMES M
STREET ADDRESS **3831 SUNRISE LANE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 (72) 934-9390

CR2E034 (11/98)