

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 # P93000034517 (1)

1. Corporation Name

AMPHIBIAN TILE INC.



Principal Place of Business

3164 KEEPORT DRIVE
SPRING HILL FL 34609

Mailing Address

3164 KEEPORT DRIVE
SPRING HILL FL 34609

3. Date Incorporated or Qualified

05/10/1993

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

4. FEI Number

59-3188458

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

GREGG, LESTER D
3164 KEEPORT DRIVE
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and the date of appointment. (Print Name of Registered Agent and date of appointment, not date of filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTV
GREGG, LESTER
3164 KEEPORT DR
SPRING HILL FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change

☐ Addition

2 TITLE
3 NAME
4 STREET ADDRESS
5 CITY-ST-ZIP

☐ Change

☐ Addition

3 TITLE
4 NAME
5 STREET ADDRESS
6 CITY-ST-ZIP

☐ Change

☐ Addition

4 TITLE
5 NAME
6 STREET ADDRESS
7 CITY-ST-ZIP

☐ Change

☐ Addition

5 TITLE
6 NAME
7 STREET ADDRESS
8 CITY-ST-ZIP

☐ Change

☐ Addition

6 TITLE
7 NAME
8 STREET ADDRESS
9 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not qualified 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:

Lester D. Gregg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 352-686 9126
DATE DATE PHONE

CR2E034 (12/95)