

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

BEFORE 5/1/95 \$200.00

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95 MAY -1 PH 2:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

600001518056

-06/20/95--01104--019

******200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

**CORPORATION
ANNUAL REPORT
1995**

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

DOCUMENT # P93000036315 (8)

1. Corporation Name

BASIC TILE INC.

Principal Place of Business **Mailing Address**

**11216 TAMiami TR N
SUITE 204
NAPLES FL 33963** **11216 TAMiami TR N
SUITE 204
NAPLES FL 33963**

2. Principal Place of Business **28. Mailing Address**

21 **26**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

22 **27**

City & State **City & State**

23 **28**

Zip **Country** **Zip** **Country**

24 **25** **29** **30**

3. Date Incorporated or Qualified **3a. Date of Last Report**

05/17/1993 **06/02/1994**

4. FEI Number **Applied For**

65-0418337 **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution ☐

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

MIERENDORFF, NIELS **81 Name**

11216 TAMiami TR N **82 Street Address (P.O. Box Number is Not Acceptable)**

SUITE 204 **83**

NAPLES FL 33963 **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 *Niels Mierendorff* **4/24/95** **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☐ Change ☐ Addition
NAME	MIERENDORFF, NIELS	1.2 NAME	
STREET ADDRESS	11216 TAMiami TR N #204	1.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL 33963	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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)(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: *Niels Mierendorff* **May/24 95** **813 5972897**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR