FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

ACCEPTED AND FILED
95 MAR -1 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042061 (0)

1. Name of Corporation
CENTER STATE TILE, INC.

Principal Place of Business	Mailing Address
360 ROSS STREET BABSON PARK FL 33827	360 ROSS STREET BABSON PARK FL 33827

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3188283	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TURNER, LEONARD
360 ROSS STREET
BABSON PARK FL 33827

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: _____ DATE: _____
(If changing Registered Agent, New Registered Agent must sign) (If NEW Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
001	P	11 TITLE	☐ Change ☐ Addition
NAME	TURNER, DOROTHY T	12 NAME	
STREET ADDRESS	360 ROSS ST.	13 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	14 CITY-ST-ZIP	
002	VP	21 TITLE	☐ Change ☐ Addition
NAME	CHAVIS, KIRBY L	22 NAME	
STREET ADDRESS	51 ATLANTIC AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	24 CITY-ST-ZIP	
003	S	31 TITLE	☐ Change ☐ Addition
NAME	CHAVIS, JENNIFER T	32 NAME	
STREET ADDRESS	51 ATLANTIC AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	34 CITY-ST-ZIP	
004	T	41 TITLE	☐ Change ☐ Addition
NAME	TURNER, LEONARD	42 NAME	
STREET ADDRESS	360 ROSS ST.	43 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	44 CITY-ST-ZIP	
005		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
006		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I further certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jennie Chavis / JENNIE CHAVIS 12-23-95 (813) 638-3171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03116247 CP