

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

55 AUG -1 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042325 (9)

1. Corporation Name

PROGRESSIVE TILE AND MARBLE INSTALLATION, INC.

Principal Place of Business

120 NW 47TH ST.
FT. LAUDERDALE FL 33309

Mailing Address

120 NW 47TH ST.
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/11/1993

3a. Date of Last Report

08/26/1994

2. Principal Place of Business

21 5410 NW 74th Place

2a. Mailing Address

26 5410 NW 74th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pompano Beach, FL

City & State

28 Pompano Beach, FL

Zip

24 33073

Country

25 B USA

Zip

29 33073

Country

30 USA

4. FEI Number

65-0420802

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

OLIVER, KURT
120 NW 47TH ST.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

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

5410 NW 74th Place

83

P

84

City Pompano Beach FL

85 Zip Code

33073

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 Fee Applicant)

(NOTE: Registered Agent Signature Required when Resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME OLIVER, KURT
STREET ADDRESS 120 NW 47TH ST.
CITY ST ZIP FT. LAUDERDALE FL 33309

TITLE D
NAME OLIVER, KELLI
STREET ADDRESS 120 NW 47TH ST.
CITY ST ZIP FT. LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Oliver, Kurt
1.3 STREET ADDRESS 5410 NW 74th Place
1.4 CITY ST ZIP Pompano Beach, FL 33073

2.1 TITLE D
2.2 NAME Oliver, Kelli
2.3 STREET ADDRESS 5410 NW 74th Place
2.4 CITY ST ZIP Pompano Beach, FL 33073

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelli L. Oliver

7/26/95

419-9478