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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000055741 (1)

JOE GULINO TILE & MARBLE INC.

Principal Place of Business Mailing Address 8318 BUTTERNUT ROAD **B318 BUTTERNUT ROAD** FORT MYERS FL 33912 FORT MYERS FL 33912

FILED Apr 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0426595 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GULINO, JOSEPH S** 8318 BUTTERNUT ROAD 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33912 83 Zip Code 85 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME **GULINO, JOSEPH S** 1.2 NAME STREET ADDRESS 8318 BUTTERNUT ROAD 1.3 STREET ADDRESS FORT MYERS FL 33912 CATY - ST - ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE ☐ Change Addition NAME 22 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 2IP DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 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 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

Clailing DAKA SIGNATURE: