

**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)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 11:06

DOCUMENT # P94000003670 (4)

1. Corporation Name
CARR'S TILE, MARBLE AND SUPPLIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**1110 PINE ISLAND RD
SUITE 22
CAPE CORAL FL 33909** **1110 PINE ISLAND RD
SUITE 22
CAPE CORAL FL 33909**

3. Date Incorporated or Qualified 3a. Date of Last Report
01/01/1994

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For
625-0457179 Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARR, PHILIP R
1110 PINE ISLAND RD
SUITE 22
CAPE CORAL FL 33909**

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

(Sign as president or principal officer of registered agent and his or her spouse)

(NOTE: Registered Agent signature required after recording)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **CARR, PHILIP R**
STREET ADDRESS **1110 PINE ISLAND RD SUITE 22**
CITY ST ZIP **CAPE CORAL FL 33909**

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. 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)(b), 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 this 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:

Philip R Carr **Philip R Carr**

7/19/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Type in full)

CR2E034 (3/95)