

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:56

DOCUMENT # P94000007851 (6)

1. Corporation Name

TILE-RITE, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0473074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATES, DAVID A

282 NW 69 AVE

#178

PLANTATION FL 33317

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

(Signature of person granting name of registered agent, if different from above)

(Signature of Registered Agent, if different from above)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PRSD
BATES, DAVID A
282 NW 69 AVE #178
PLANTATION FL 33317

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

☐ Change ☐ Addition

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

☐ Change ☐ Addition

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY, ST, ZIP

☐ Change ☐ Addition

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

☐ Change ☐ Addition

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

☐ Change ☐ Addition

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached report with an addendum.

SIGNATURE:

David A Bates

DAVID A BATES

1/10/95

(305) 584-6947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number