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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000013160 (4)**  
1. Corporation Name  
**BAYWAY CERAMIC TILE, INC.**

Principal Place of Business      Mailing Address  
11962 81ST AVE.      11962 81ST AVE.  
SEMINOLE FL 34642      SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/20/1994</b>		3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>11962 81st Ave.</b> <small>Suite, Apt. #, etc.</small>	26 <b>11962 81st Ave.</b> <small>Suite, Apt. #, etc.</small>	<b>59-3224976</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22 <b>Seminole, FL 34642</b> <small>City &amp; State</small>	27 <b>Seminole, FL 34642</b> <small>City &amp; State</small>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 <small>Zip</small> <b>34642</b> <small>County</small> <b>USA</b>	28 <small>Zip</small> <b>34642</b> <small>County</small> <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 <b>34642</b> 25 <b>USA</b>		8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HASTINGS, DAVID C</b> <b>18941 GULF BLVD.</b> <b>#E</b> <b>INDIAN SHORES FL 34635</b>				81 Name	<b>GERALDINE SMITH, CPA</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>15219 Gulf Blvd.</b>		
				83			
				84 City	<b>Madeira, Bah</b>	85 State	<b>FL</b>

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: *Geraldine A. Smith*      *Geraldine A. Smith*      DATE: **4/10/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LATZO, STEPHEN L</b>	1.2 NAME	<b>Connie Hurst</b>
STREET ADDRESS	<b>11962 81ST AVE.</b>	1.3 STREET ADDRESS	<b>11962 81st Ave.</b>
CITY - ST - ZIP	<b>SEMINOLE FL 34642</b>	1.4 CITY - ST - ZIP	<b>Seminole, FL 34642</b>
TITLE	<b>STD</b>	2.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURST, SCOTT</b>	2.2 NAME	<b>Steve Latzo</b>
STREET ADDRESS	<b>3112 LAWN AVE.</b>	2.3 STREET ADDRESS	<b>11962 81st Ave.</b>
CITY - ST - ZIP	<b>TAMPA FL 33611</b>	2.4 CITY - ST - ZIP	<b>Seminole, FL 34642</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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 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: *Connie S. Hurst*      *Connie S. Hurst*      DATE: **4/25/95**      **813/392-8043**