

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000013160 (4)**

1. Corporation Name

BAYWAY CERAMIC TILE, INC.



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

3. Date Incorporated or Qualified: **02/20/1994**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-3224976**
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

2. Principal Place of Business: **21 11962 81st Avenue**
Suite, Apt. #, etc.:
City & State: **23 Seminole, FL**
Zip: **24 34642** Country: **25 Pinellas**

9. Name and Address of Current Registered Agent: **SMITH, GERALDINE CPA
15219 GULF BLVD.
MADEIRA BCH FL 33708**

10. Name and Address of New Registered Agent:
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	HURST, CONNIE	1.1 TITLE: Secretary/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 11962 81ST AVE.	SEMINOLE FL	1.2 NAME: Scott Hurst	
CITY-ST-ZIP: SEMINOLE FL		1.3 STREET ADDRESS: 18643 Avenue Capri	
TITLE: VP	LATZO, STEVE	1.4 CITY-ST-ZIP: Lutz, FL 33549	
STREET ADDRESS: 11962 81ST AVE.	SEMINOLE FL	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: SEMINOLE FL		2.2 NAME:	
TITLE:		2.3 STREET ADDRESS:	
NAME:		2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		3.2 NAME:	
TITLE:		3.3 STREET ADDRESS:	
NAME:		3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		4.2 NAME:	
TITLE:		4.3 STREET ADDRESS:	
NAME:		4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		5.2 NAME:	
TITLE:		5.3 STREET ADDRESS:	
NAME:		5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		6.2 NAME:	
TITLE:		6.3 STREET ADDRESS:	
NAME:		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 119.07(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 on an attachment with an address.

SIGNATURE: **Connie S. Hurst** CONNIE S. HURST PRES. 4996 813/392-8043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time Phone #

CR2E034 (12/95)