## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000015240 (2)

J.H. CUSTOM TILE & MARBLE, INC.

7981 JONES JACKSONVILL US		7881 JONES ROAD JACKSONVILLE FL 3221 US	9-2825								
									ate of Last Report /01/1996		
21	Place of Business	2a. Mailing Address 26	26			4. FEI Number 59-3222477		Applied For Not Applicable			
Suite, Apt	#, elc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Sta 23	to	City & State	28			Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees			
Zip [24]	Country 25	Zip 29	30 Cour	ntry	····	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Says No					
	9. Name and Address of Cur	rent Registered Agent		В1	Name	10. Name and Address of New Reg	gistered /	Agent			
DEMOTROS, CHRISTOPHER R				DI	Name						
7952 NORMANDY BLVD JACKSONVILLE FL 32221			L	62	Street Add	dress (P.O. Box Number is Not Acceptable)					
			l	63							
			ŀ	84	City		FL	85	Zip C	ode	
office or agent 1 a SIGNATURE		•				ooration submits this statement for the pi tion's board of directors. I hereby accep		chang pintme	ing its nt as r	registered egistered	
Signature, typed or printed name of registered a pent and title III applicable. (NOTE: 12. OFFICERS AND DIRECTORS				legistered Agent signature requi		quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
THUE	PSTD	DELETE		1.1 TiTLE		ADDITIONS/CHANGES TO OFFIC	CHO AND	Chi		Addition	
NAME	HENNINGER, JOHN N		1,2 NA			•			military.	710011011	
STREET ADDRESS	7981 JONES ROAD		- 1		ADDRESS						
Č:TY - ST- 7I₽	JACKSONVILLE FL	DELETE	1.4 CIT	Y-S	T~ZIP						
THEF	VD	2.1 TIT	LE				Ch	ange	Addition		
NAME	WALLER, JAMES		2.2 NA	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP							
STREET ADDRESS	7981 JONES ROAD JACKSONVILLE FL										
CITY - S1 - ZiF*	JACKSONVILLE FL	2 4 CI3 3.1 TITI		IT-ZIP			Chi	enne	Addition		
NAMI		☐ DELETE	3.2 NAME					الا <u>ب</u>	พพ	- rosition	
STREET ADDRESS					ADDRESS						
CITY - ST - ZIP				3.4. CITY-ST-ZIP		•					
THEF				4.1 TITLE				Ch	ange	Addition	
NAMI			4. 2 NA	ME							
STREET ADDRESS			4.3 STR	EET	ADDRESS						
00 Y - ST - 7-P		T DELETE	4.4 CFT		T-ZIP					T 14.000	
1-TLF		☐ DELETE	5.1 TITU					Cha	ange	Addition	
NAME Classifiannoses			5.2 NA)		ADDOCCC						
SPREET ADDRESS COLY: ST. Zi?:					ADDRESS 1-710						
THEF		☐ DELETE	5.4 CIT		1.51		······································	Chi	ange	Addition	
NAME			6.2 NAM								
STREET AFIDRESS					address						
001y \$4.26			6.4 CIT		l l						

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

May 08 1997 8:00am

Secretary of State