Applied For Not Applicable

□No

☐ Yes

PROFIT CORPORATION ANNUAL REPORT

1999



29

9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027741

1. Corporation Name

EXPERTISE TILE, INC.

Principal Place of Business				5				
14003 N MAGNOLIA AVE. SPARR FL 32192 US		P.O. BOX 632 SPARR FL 32192-0632 US		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 04/11/1994				
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For		
21		26		65-0510366	[Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc	:	5. Certificate of Status Desired		3.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	•	5.00 May Be Added to Fees		
	Country	Zip	Country	8. This corporation owes the current year	Intangibl	le		

30

81 Name

82

14003 N MAGNOLIA AVE

KRISE, ROBERT A

FILED								
May 05, 1999 8:00 an	1							
Secretary of State								

05-05-1999 90191 002 ***150.00

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

SPARR FL 32192		\ 	+					
51 74	11111 62132	83	1					
	•	84	Cit	у		85	Zip Co	ode
			<u> </u>		FL_			
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t egistered agent, or both, in the State of Florida. Such change was authorn familiar with, and accept the obligations of, Section 607.0505, Florida	rized ov	the c	ned corporation submits the corporation's board of direct	is statement for the purpose of c tors. I hereby accept the appoint	hangii ment	ng its re as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	istered Age	nt signa	iture required when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS	13.			CHANGES TO OFFICERS AND	DIR	CTOR	S IN 12
TITLE	PSTD DELETE	1.1 TITLE		· T		Ch	ange	☐ Addition
NAME	KRISE, ROBERT	1.2 NAME						
	44000 \$1 \$44000011 \$17	1.3 STREE	TADDE	ecce l				}
STREET ADDRESS	SPARR FL			233				
CTTY-ST-ZIP	DELETE	1.4 CITY-S 2.1 TITLE	N-ZIP_			□ Ch	anne	Addition
TITLE	,							
NAME		2.2 NAME						į
STREET ADDRESS		2.3 STREE		ES\$				
CITY-ST-ZIP	F7	2.4 CITY-5	ST-ZIP			□ Ch		Addition
TITLE	☐ DELETE	3.1 TITLE				Цип	ange	וייטוויטוא נבן
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREE	TADDA	RESS)
CITY-ST-ZIP		3.4. CITY-5	ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE				□ Ch	ange	☐ Addition ☐
NAME		4.2 NAME						1
STREET ADDRESS		4.3 STREE	TADDA	RESS				}
CITY-ST-ZIP		4.4 CITY-S	T-ZIP					
TITLE	☐ DELETE	5.1 TITLE				□ Ch	ange	☐ Addition
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREE	T ADDR	ESS				
CITY-ST-ZIP		5.4 CITY-S	ST-ZIP					
TITLE	DELETE	6.1 TITLE				□ Ch	ange	☐ Addition
NAME		6.2 NAME						ļ
STREET ADDRESS		6.3 STREE	T ADDF	ESS				
CITY-ST-ZIP	(6.4 CITY-S	T-ZIP					

14. I 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, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR