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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARIMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000032015

1. Corporation Name

T & T TILE, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90068 002 ***150.00



Principal Place	of Business	Mailing Address							
1327 NE 7TH A	VE	1327 NE 7TH AVE							
CAPE CORAL FL 33909		CAPE CORAL FL 33909			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						04/25/1994			
2 Principal (2)	ace of Business	2a. Mailing Address			 -	4. FEI Number		I	pplied For
2. Filicipal II	ace of Business	26				65-0303159		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	.,,	27				5. Certifcale of Status Desired		Fee F	Required
City & State	e	City & State			6. Election Campaign Financing		\$5.00) Мау Ве	
23		28			Trust Ft nd Contribution Added to Fees				
Zip	Country	Zip Country			8. This corporation owes the curr	ent year Ir t	engible	j	
24	25	29 3	29 30			Personal Property Tax.		Yes	[]No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New I	Registered	Agent	
540	ED YARR			81	Name				
	ER, TODD		82 Street Ac		Street Addr	ress (P.O. Box Number is Not Accepta	able)		
	' NE 7TH AVE								
CAPI	E CORAL FL 33909			83					
			ŀ	84	City			85 Zip	Ccde
				1	•	poration submits this statement for the	FI.	-	
office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	ol Florida. Such change was aut tions of, Section 607.0505, Florid	thorized da Statu	by tr ites.	іе согрога к	on's board of directors. I hereby acce			egi xered
	Signature, typed or printed name of registered ager		<u> </u>	Agent s	e uper erutengi	ed when reinstating)	DATE		050 111 40
12.		C DIRECTORS	13.			ADDITIC NS/CHANGES TO OF	FICERS /		
TITLE	DP	☐ DELETE	1.1 T(T)					☐ Change	
NAME	RAPIER, TODD		1 2 NA						Ï
STREET ADDRESS	1327 NE 7TH AVE		1.3 STI	REETA	DDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33909	FL 33909 140		Y-ST-	ZIP (Change	Addition
TITLE	VP	DELETE 2.1 T						Change	- Addition
NAME	JOHNSON, SEAN	ı	2.2 NA						
STREET ADDRESS	1327 NE 7TH AVE				DDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33909	□ DELETE		TY-ST-	ZIP			☐ Change	Addition
TITLE	V NEED BIGHADD	☐ DELETE	3.1 111					Change	- DAGGEON
NAME	NEBB, RICHARD		3.2 NA						
STREET ADDRESS	l '				DORESS				
CITY-ST-ZIP			3.4 CI 4.1 TIT	TY-ST-	ZIP			Change	Addition
TITLE		LI DELLE	•)				_,
NAME	HAHN, ROSS		4. 2 NA		DORESS				
STREET ADDRESS									
CITY-ST-ZIP	CAPE CORAL FL	- Melete	4.4 CIT	TY-ST-	ZIP			Change	Addition
TITLE	VP	DELETE	5.2 NA						_
NAME	MARLOW, MIKE				DDRESS				
STREET ADDRESS	1327 NE 7TH AVE CAPE CORAL FL 33909			TY-ST-					
CITY-ST-ZIP		DELETE	6.1 TIT					[] Change	Addition
TITLE	ST ACOUST KIETH	DELLIE	6.2 NA					Unange	
NAME	ACOFF, KIETH	•			DORESS				
STREET ADDRESS	1327 NE 7TH AVE			KEETA IV ST	1				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further pertify that the irformation 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 attactment with an address, with all other like empowered.

SIGNATURE:

Toda Rapici

CR2E034 (11/98)