

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90090 039 ***150.00

DOCUMENT # P94000034168

1. Corporation Name

SOUTHERN TILE OF TAMPA, INC.

Principal Place of Business

1202 TECH BLVD.
SUITE 105
TAMPA FL 33619
US

Mailing Address

1202 TECH BLVD.
SUITE 105
TAMPA FL 33619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

59-3242491

Applied For

Not Applicable

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 owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ, MICHAEL M
3810 HANOVER HILL DR.
VALRICO FL 33594

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GOMEZ, MICHAEL M
STREET ADDRESS 3810 HANOVER HILL DR.
CITY-ST-ZIP VALRICO FL

1.1 TITLE PT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GOMEZ, JORGE
STREET ADDRESS 3810 HANOVER HILL DR
CITY-ST-ZIP VALRICO FL 33594

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 130 Vincemont Dr.
2.4 CITY-ST-ZIP Brandon, FL 33510

TITLE D ☒ DELETE
NAME RAHN, MICHAEL
STREET ADDRESS 3810 HANOVER HILL DR
CITY-ST-ZIP VALRICO FL 33594

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Sylvia Fernandez
4.3 STREET ADDRESS 618 Lakemont Dr.
4.4 CITY-ST-ZIP Brandon, FL 33510

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)