SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT
CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL 26 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045598 (7)**

1. Corporate Name
FOREVER TILE & SUPPLY, INC.

Principal Place of Business
1363 MARACIABO STREET
PORT CHARLOTTE FL 33952

Mailing Address
1363 MARACIABO STREET
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **650506571** ☐ Applied For ☐ Not Applicable
Suite, Apt. # or P.O. Box — 22
Suite, Apt. # or P.O. Box — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 — County — 25
Zip — 29 — County — 30
8. The corporation has taxable income under s. 199.023 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAMON, ELIZABETH
1363 MARACIABO STREET
PORT CHARLOTTE FL 33952

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 Section 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

12. OFFICERS AND DIRECTORS

PRES
RAMON, ELIZABETH
1363 MARACIABO STREET
PORT CHARLOTTE FL 33952

13. ADDITIONS, CHANGES, STATUS CODE AND DELETIONS (See Instructions)

200001548132
-07/27/95--01084--016
*****225.00 *****225.00

7/26/95 NS

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address.

SIGNATURE: Elizabeth Ramon 6-30/95 (813)764-0320
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

0163301 FP

CR2E034 (3/95)