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**95 APR 14 PM 1:46**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**CORPORATION  
ANNUAL REPORT  
1995**

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

**DOCUMENT # P94000056828 (4)**

1. Corporation Name  
**BOB TOMLINSON TILE, INC.**

Principal Place of Business  
**245 FELLSMERE ROAD UNIT D  
SEBASTIAN FL 32958**

Mailing Address  
**245 FELLSMERE ROAD UNIT D  
SEBASTIAN FL 32958**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**08/01/1994**

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0514-814</b>	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
22	27	6. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent  
**TOMLINSON, LYNN  
245 FELLSMERE ROAD UNIT D  
SEBASTIAN FL 32958**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMLINSON, JOSEPH R</b>	1.2 NAME	
STREET ADDRESS	<b>245 FELLSMERE ROAD UNIT D</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBASTIAN FL 32958</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMLINSON, LYNN R</b>	2.2 NAME	
STREET ADDRESS	<b>245 FELLSMERE ROAD UNIT D</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBASTIAN FL 32958</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORTH, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>808 LANCE STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBASTIAN FL 32958</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMLINSON, KELLY</b>	4.2 NAME	
STREET ADDRESS	<b>245 FELLSMERE ROAD UNIT D</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBASTIAN FL 32958</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D TRACY SARCINELLO</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>245 FELLSMERE RD SUITE D</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>SEBASTIAN, FL 32958</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE *Lynn Tomlinson* **LYNN TOMLINSON** **4-8-95** **407-388-3018**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration (Years)