

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0514814

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes

No

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

Lynn Tomlinson

(Print) Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

TOMLINSON, JOSEPH R
245 FELLSMERE ROAD UNIT D
SEBASTIAN FL 32958

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

TOMLINSON, LYNN R
245 FELLSMERE ROAD UNIT D
SEBASTIAN FL 32958

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ORTH, JOHN
908 LANCE STREET
SEBASTIAN FL 32958

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

TOMLINSON, KELLY
245 FELLSMERE ROAD UNIT D
SEBASTIAN FL 32958

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SARCINELLO, TRACY
245 FELLSMERE RD., STE D
SEBASTIAN FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

S
SARCINELLO, TRACY
245 FELLSMERE RD. STE D
SEBASTIAN, FL 32958

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 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LYNN TOMLINSON

4-19-96

407-3883018

Date

Telephone

CR2E034 (12/95)