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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400056828 (4)

TOMLINSON TILE & CARPET, INC.

Principal Place of Business

Mailing Address

245 FELLSMERE ROAD UNIT D SEBASTIAN FL 32958 245 FELLSMERE ROAD UNIT D SEBASTIAN FL 32958

## FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65:0514814 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zin Country Zlp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 Yes Yes ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TOMLINSON, LYNN 245 FELLSMERE ROAD UNIT D 82 Street Address (P.O. Box Number is Not Acceptable) SEBASTIAN FL 32958 83 84 City Zip Code 85 FL 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE TOMLINSON, JOSEPH R NAME 1.2 NAME 245 FELLSMERE ROAD UNIT D STREET ADDRESS 1.3 STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE TOMLINSON, LYNN R 2.2 NAME 245 FELLSMERE ROAD UNIT D STREET ADDRESS 2.3 STREET ADDRESS SEBASTIAN FL 32958 CITY - ST - ZIP 2. 4 CITY-ST-ZIP Change Addition TITLE DELETE 3.1 TITLE TOMLINSON, KELLY 3.2 NAME 245 FELLSMERE ROAD UNIT D 3.3 STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition SARCINELLO, TRACY 4. 2 NAME STREET ADDRESS 245 FELLSMERE RD., SUITE D 4.3 STREET ADDRESS SEBASTIAN FL 4.4 GITY - ST- ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS COTY - ST - ZIP 5.4 CITY~ST-ZIP DELETE Change \_\_\_ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CiTY-ST-ZIP 14. 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.

SIGNATURE: Sen THOMPISTON 1-14-98 561-388-3018