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04-20-1999 90171 019 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P94000056828**

1. Corporation Name
TOMLINSON TILE & CARPET, 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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date incorporated or Qualified: **08/01/1994**

4. FEI Number: **65-0514814**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMLINSON, LYNN
 245 FELLSMERE ROAD UNIT D
 SEBASTIAN FL 32958

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

TITLE: PD DELETE
 NAME: TOMLINSON, JOSEPH R
 STREET ADDRESS: 245 FELLSMERE ROAD UNIT D
 CITY-ST-ZIP: SEBASTIAN FL 32958

TITLE: VD DELETE
 NAME: TOMLINSON, LYNN R
 STREET ADDRESS: 245 FELLSMERE ROAD UNIT D
 CITY-ST-ZIP: SEBASTIAN FL 32958

TITLE: D DELETE
 NAME: TOMLINSON, KELLY
 STREET ADDRESS: 245 FELLSMERE ROAD UNIT D
 CITY-ST-ZIP: SEBASTIAN FL 32958

TITLE: S DELETE
 NAME: SARCINELLO, TRACY
 STREET ADDRESS: 245 FELLSMERE RD., SUITE D
 CITY-ST-ZIP: SEBASTIAN FL

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 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 *Lynn Tomlinson* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 561-388-3018
 Date Daytime Phone #

CR2E034 (1/198)