

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
Secretary of State
Treasurer of State
Comptroller of Public Accounts

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000070457 (4)

95 MAY - 1 AM 8:38

TOTAL TILE, INC.

Principal Place of Business

88005 O.S. HWY
MILE MARKER 88 PLZ
PLANTATION FL 33006

Mailed Address

88005 O.S. HWY
MILE MARKER 88 PLZ
PLANTATION FL 33006

DO NOT WRITE IN THESE SPACES

3. Date the corporation was organized	3a. Date of first report
09/23/1994	
4. FIC Number	Agencies Fee
65 0516517 20212	Not Applicable
5. Certificate of Status Located	\$8.75 Additional Fee Required
☐	
6. Election Campaign Finance Act	\$5.00 May Be Added to Fees
Not Filled and Submitted	☐
8. This corporation has liability for intangible tax under Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business	25. Mailed Address
21	26
3. Date of first report	3. Date of first report
22	27
4. City & State	4. City & State
23	28
5. City	5. City
24	29
6. State	6. State
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSER, CONRAD
389 SUNRISE DR, RT. 5
BIG PINE KEY FL 33043

81. Name	85. City
82. Street Address, P.O. Box Number or Not Applicable	
83. City	
84. State	FL

11. I, the undersigned, being duly sworn, depose and say that the above named corporation, submits this statement for the purpose of changing its registered agent as required by Chapter 607, Florida Statutes, and that the change was effected by the corporation's board of directors, and that I hereby accept the appointment as registered agent, and I am not aware of any other person or persons who are authorized to act as registered agent for the corporation under the Florida Statutes.

SUBSCRIBER

Signature of Registered Agent

ATTEST

12. OFFICER, DIRECTOR, OR SHAREHOLDER	13. APPLICANT, OFFICER, DIRECTOR, OR SHAREHOLDER
☐ NAME WALSER, CONRAD 389 SUNRISE DR, RT 5 BIG PINE KEY FL 33043	☐ NAME ☐ STREET ADDRESS ☐ CITY ☐ STATE ☐ ZIP
☐ NAME ☐ STREET ADDRESS ☐ CITY ☐ STATE ☐ ZIP	☐ NAME ☐ STREET ADDRESS ☐ CITY ☐ STATE ☐ ZIP
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☐ NAME ☐ STREET ADDRESS ☐ CITY ☐ STATE ☐ ZIP	☐ NAME ☐ STREET ADDRESS ☐ CITY ☐ STATE ☐ ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation stated in law 607, Florida Statutes, and that I, the undersigned, certify that the information submitted 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. But I understand the effect of this report on the record of the corporation and that I am not aware of any other person or persons who are authorized to act as registered agent for the corporation under the Florida Statutes, and that my name appears in Block 12 or Block 13 as being duly sworn and attested with an affidavit.

SIGNATURE: Conrad Walser 4-3-95 853-0217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR