

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

APPROVED
AND
FILED

25 MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000078316 (4)**

1. Corporation Name

JACKSONVILLE TILE AND REMODEL, INC.

Principal Place of Business

**1545 LEE ROAD
SWITZERLAND FL 32259**

Mailing Address

**1545 LEE ROAD
SWITZERLAND FL 32259**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/24/1994** 3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3295082

Applied For

Not Applicable

22 State Apt # etc

22

27 State Apt # etc

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23 City & State

23

28 City & State

28

6. Election Campaign Financing
Trust Fund Contributions

**\$5.00 May Be
Added to Fees**

24 City

25 City

29 City

30 City

8. This corporation has not any of the following Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**WIGGINS, BRUCE W
1545 LEE ROAD
SWITZERLAND FL 32259**

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 607.02(2) 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 607.02(2), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

12. OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP

29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP

**President
Bruce W. Wiggins 32259
1545 Lee Rd Switzerland, Fla**

13. ADDITIONS, CHANGES, DELETIONS, AND DEPARTURES

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE Change Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE Change Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE Change Addition

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

DELETED BY MAY 1

14. I hereby certify that the information furnished with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 607.02(2)(b), Florida Statutes. I further certify that the information made subject to the annual report or subject to 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 person or trustee empowered to execute this report, as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 14 of longest or on an attached addendum.

SIGNATURE:

Bruce W. Wiggins
SIGNATURE AND TITLE OF CURRENT REGISTERED AGENT

**Bruce W. Wiggins 4/28/95 904289
7511**