FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENTISTATE

Sandra B. Mort

Secretary of Star DIVISION OF CORPORONS

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| DOCUMENT | # P9 | 40000 | 7831 | 6 (| 4 |

JACKSONVILLE TILE AND REMODEL, INC.

FILED May 12 1997 8:00am Secretary of State



| Principal Place of Business 1545 LEE ROAD SWITZERLAND FL 32259 | Mailing Address 1545 LEE ROAD SWITZERLAND FL 32259-8 | 1005 | | | | | | |
|--|--|-------------------|---------------------|---|--------------|-----------------------|-------------|--|
| | | 1 | 1 | 3. Date Incorporated or Qualified 10/24/1994 | 1 | of Last Rep 1/1996 | oort | |
| 2. Principal P-ace of Business | 2a. Mailing Address | | ļ | 4. FEI Number | 1 00/0 | | lied For | |
| 21 | 26 | | İ | 59-3295082 | | Not | Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 12 | \$8.75 A | | |
| 22 | 27 | · | | | | Fee Req | | |
| City & State | City & State | | | Election Campaign Financing Trust Fund Contribution | П | \$5.00 N Added to | | |
| Zip Country | 28 | Cour | , | 8. This corporation has liability for i | otangible ta | | | |
| 24 25 |) | 30 | , | Florida Statutes | Yes 💋 | M o | | |
| | of Current Registered Agent |] | ····· | 10. Name and Address of New Re | gistered A | gent | | |
| WIGGINS, BRUCE W | | | Name | • | | | | |
| 1545 LEE ROAD | | | Street Add | ress (P.O. Box Number is Not Acceptate | ole) | | | |
| SWITZERLAND FL 32259 | | Į | | | | | | |
| | | ş | 3 | | | | | |
| | | ļ | City | | FL | 85 Zip C | ode | |
| 11. Pursuant to the provisions of Sections | 207 0/02 and 207 1500 Florida Statut | | | poration submits this statement for the | nurnose of a | L L changing its | registered | |
| once or registered agent, or poin, in | THE STATE OF FIGHUR SUCH CHange was 8 | MICOURTE | SY THE COLPOR | tion's board of directors. I hereby acce | ot the appo | intment as | registered | |
| agent. I am familiar with, and accept | the obligations of, Section 607.0505, Flo | orida Sta | 9 \$. | | | | | |
| SIGNATURE Signature typed or printed name of re | egistered agent and title if applicable (NOTI | E: Registere | gent signature requ | ired when reinstating) | DATE | | | |
| | CERS AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND | | S IN 12 | |
| 11716 P | ☐ DELETE | 1.1 7(| | | | Change | TT Magazian | |
| NAME WIGGINS, BRUCE W. | | 1.2 N | E | | | | | |
| STREET ADDRESS. 1545 LEE RD. | | 1.3 ST | ET ADDRESS | | | | | |
| CITY - ST- ZIP SWITZERLAND FL | | | SI-ZIP | | | Change | Addition | |
| Till 6 | ☐ DELETE | 2.1 111 | ļ | | | U. Onlango | | |
| NAME | | 2.2 NA | - 1 | | | | | |
| STREET ADDRESS | | 4 | EET ADDRESS | | | | | |
| COLV-SI 72 | DELETE | | '-S1 - ZIP | | | Change | Addition | |
| TITLE | L. J OCLETE | 3.1 TIT 3.2 NA | l. | | | - | | |
| NAMEL STEEF CADORESS | | | FFT ADDRESS | | | | | |
| CITY-S1-VIP | | -10 (| Y-ST-ZIP | | | | | |
| TI*(E | ☐ DELETE | 4.1 TII | | | | Change | Addition | |
| NAME | _ | 4. 2 N/ | ME | | | | | |
| STREET ADDRESS | | | EET ADDRESS | : | | | | |
| COY+S1-ZIP | | 4.4 CI | -ST-ZIP | | | | F 7 | |
| THE | DELETE | 51111 | | | | Change | Addition | |
| NAME | | 5 2 NA | ŅE | | | | | |
| STREET ADDRESS | | 5 3 ST | HEET ADDRESS | | | | | |
| CHY: ST-ZiF | | 5.4 Cr | r-ST-ZIP | | | | Addition | |
| Total | ☐ DELETE | 6.1 7() | LE | | | Change | [] AUGIUON | |
| NAME | | 6.2 NA | ME | | | | | |
| STEEL ADURESS | | 6.3 ST | REET ADDRESS | | | | | |
| CHY-ST ZIP | | 6.4 CI | 1Y - ST - ZIP | | | ne mortification | ıt tho | |
| 44 Late bases a satisfactor the inferentia | and a second sec | S. dor the | supportion of | ted in Section 119.07(3)(i), Florida Statu | nes. Hunne | ar certity tha | 4 1110 | |

on hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Thereis contay that 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.