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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000078865**1. Corporation Name

J.H. WILLIAMS TILE COMPANY, INC.

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Principal Place of Business		Mailing Address		, , , , , , , , , , , , , , , , , , , ,				
6226 WESCONNETT BLVD		6226 WESCONNETT BLVD		ļ				
JACKSONVILLE FL 32244 US		JACKSONVILLE FL 32244 US		DO NOT WRITE IN THIS SPACE				
03		63		3. Date Incorporated or Qualifed				
					10/26/1994			
2. Principal Pl	lace of Business	2a. Mailing Address	.,		4. FEI Number		A	pplied For
21		26 P.O. BOX	c 26	5	59-3273403		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional
22		27			or ourside or states over the			equired
City & State	e	City & State			6. Election Campaign Financing		•	May Be
23		Zip Zip	SEI	FC.	Trust Fund Contribution		-	to Fees
Zip	Country	_ `			8. This corporation owes the curre	-	ngible □ Yes	1 000
24	25	29 32220	30	DUVAL	Personal Property Tax. 10. Name and Address of New F			
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New P	egistereu A	gent	
DAVI	S, JOHN D SR.							
4543 WESCONNETT BLVD		82 St		82 Street Add	dress (P.O. Box Number is Not Accepta	ible)		
	(SONVILLE FL 32210			83				 -
,0,101	TO THE PERSON OF							
				84 City		FL	85 Zip	Code
44 Disease	to the available of Sections 607.050	2 and 607 1508 Florida Status	toe the a	hove-named co	poration submits this statement for the	numose of c	hanging it:	s registered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	authorized	d by the corpora	tion's board of directors. I hereby accep	the appoint	ment as r	egistered
agent. I a	m familiar with, and accept the obliga-	itions of, Section 607.0505, Flo	orida Stati	utes.				
	•							Į.
SIGNATURE	Slangues hand or printed name of registered events	nt and title if annicable (NOTE	F: Registered		red when reinstating)	DATE		
	Signature, typed or printed name of registered ager OFFICERS AN		E: Registered	Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
SIGNATURE 12. TITLE	OFFICERS AN	nt and title if applicable. (NOTE		Agent signature requi	The state of the s		DIRECT	ORS IN 12
12. TITLE	OFFICERS AN	ID DIRECTORS	13.	Agent signature requi	The state of the s			
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

March 20, 1999

FILED Mar 24, 1999 8:00 am

Secretary of State

03-24-1999 90033 048 ***150.00