SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000019879 (2)**

1. Corporation Name
TILE TECH OF NAMPLES, INC.

Principal Place of Business	Mailing Address
3657 ARNOLD AVENUE **NAPLES FL 33942**	**3657 ARNOLD AVENUE** **NAPLES FL 33942**

3. Date Incorporated or Qualified: **03/07/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 1990 Elsa Street
22 Suite, Apt. #, etc.
23 City & State: Naples, FL 33942
24 Zip: 33942 25 Country: Collier

2a. Mailing Address
26 1072 Frank Whiteman Blvd
27 Suite, Apt. #, etc.
28 City & State: Naples, FL 33940
29 Zip: 33940 30 Country: Collier

4. FEI Number: 65-0565344 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SNYDER, JOHN R
3657 ARNOLD AVENUE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1072 Frank Whiteman Blvd.
83
84 City: Naples **FL** 85 Zip Code: 33940

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 _____ July 1, 1996
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SNYDER, JOHN R		1.2 NAME		
STREET ADDRESS	3657 ARNOLD AVENUE		1.3 STREET ADDRESS	1072 Frank Whiteman Blvd	
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SNYDER, TOM E		2.2 NAME		
STREET ADDRESS	3657 ARNOLD AVENUE		2.3 STREET ADDRESS	1072 Frank Whiteman Blvd.	
CITY-ST-ZIP	NAPLES FL 33942		2.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John B Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #