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 NAPLES, INC.

Principal Place of Business
3657 ARNOLD AVENUE
NAPLES FL 33942

Mailing Address
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
Suite, Apt. #, etc.
22
City & State
23 Naples, FL 33942
Zip 24 33942
Country 25 Collier

2a. Mailing Address
26 1072 Frank Whiteman Blvd
Suite, Apt. #, etc.
27
City & State
28 Naples, FL 33940
Zip 29 33940
Country 30 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: Signature (type or print) of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — Date: July 1, 1996

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SNYDER, JOHN R	
STREET ADDRESS	3657 ARNOLD AVENUE	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	☐ DELETE
NAME	SNYDER, TOM E	
STREET ADDRESS	3657 ARNOLD AVENUE	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1072 Frank Whiteman Blvd	
1.4 CITY-ST-ZIP	Naples, FL 33940	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1072 Frank Whiteman Blvd.	
2.4 CITY-ST-ZIP	Naples, FL 33940	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 R Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #