FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P95000051356 (0) **DOCUMENT** #

FRANZ TILE, INC.

22

23

24

Zιρ

Principal Place of Business Mailing Address **8220 PELICAN LANE** 8220 PELICAN LANE **LARGO FL 34647** LARGO FL 34647 3. Date Incorporated or Qualified 06/29/1995 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc.

59-3325777 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intentible Personal Property Tax due June 30. Yes Country Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

FRANZ, DOUGLAS 8220 PELICAN LANE **LARGO FL 34647**

וישן	Name .
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

FILED

Apr 07 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

11. Pursuant to the provisions of Sections 607.05.02 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, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE 1.1 TITLE Change ☐ Addition TITLE FRANZ, DOUGLAS NAME 1.2 NAME 8220 PELICAN LANE 1.3 STREET ADDRESS STREET ADDRESS **LARGO FL 34647** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CiTY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP

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 suppliemental 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

SIGNATURE:

3.30-98

Applied For