

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000073539 (5)**

1. Corporation Name

TROYERS TILE INC



Principal Place of Business

**3434 ALDERMAN ST.
SARASOTA FL 34237**

Mailing Address

**3434 ALDERMAN ST.
SARASOTA FL 34237**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**TROYER, PAMELA
7543 N. LEWYNN
SARASOTA FL 34240**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
09/20/1995

3a. Date of Last Report

4. FEI Number

65-0616838

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. 193.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Pamela Troyer

Date Registered Agent Accepted for Appointment

2/17/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **TROYER, LEVI**
CITY-STATE-ZIP **3434 ALDERMAN ST.
SARASOTA FL 34237**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

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)(g), 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 or person in possession or control of the corporation 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.

SIGNATURE:

Levi Troyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/96

CR2E034 (12/95)