

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086859 (2)

1. Corporation Name

BOGART'S TILE, INC.



Principal Place of Business

C/O LINDA M. BOGART
1791 PASADENA DRIVE
DUNEDIN FL 34698

Mailing Address

C/O LINDA M. BOGART
1791 PASADENA DRIVE
DUNEDIN FL 34698

3. Date Incorporated or Qualified
11/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8817 PHELPS ROAD

26 8817 PHELPS ROAD

4. FEI Number

☒ 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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

HUDSON, FL

HUDSON, FL

24 Zip

25 Country

29 Zip

30 Country

34667

PASCO CO.

34667

PASCO CO.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOGART, LINDA M
1791 PASADENA DRIVE
DUNEDIN FL 34698

81 Name

LINDA M. BOGART

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

8817 PHELPS ROAD

83

HUDSON, FL 34667

84 City

HUDSON,

FL

85 Zip Code
34667

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/24/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BOGART, LINDA M
STREET ADDRESS 1791 PASADENA DR
CITY-ST-ZIP DUNEDIN FL 34698

1.1 TITLE PRESIDENT ☐ Change ☐ Addition
1.2 NAME ERIC J. BOGART
1.3 STREET ADDRESS 8817 PHELPS ROAD
1.4 CITY-ST-ZIP HUDSON, FL 34667

TITLE D ☐ DELETE
NAME BOGART, ERIC J
STREET ADDRESS 1791 PASADENA DR
CITY-ST-ZIP DUNEDIN FL 34698

2.1 TITLE VICE PRESIDENT, SEC., TREAS. ☐ Change ☐ Addition
2.2 NAME LINDA M. BOGART & REGISTERED AGENT
2.3 STREET ADDRESS 8817 PHELPS ROAD
2.4 CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(813) 869-8453

Date

Daytime Phone #

CR2E034 (12/95)