

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P95000095061**

1. Entity Name  
**RON HAMLIN TILE CONTRACTOR, INC.**



Principal Place of Business  
**1948 SADDLEBROOK DR.  
TALLAHASSEE, FL 32303**

Mailing Address  
**1948 SADDLEBROOK DR.  
TALLAHASSEE, FL 32303**

**DO NOT WRITE IN THIS SPACE**

FILED  
2008 APR 30 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3349540**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STRICKLAND, BEVERLY A  
424 E CALL ST  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMLIN, RONALD SR.
STREET ADDRESS	1948 SADDLEBROOK DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**700127310907**  
**04/30/08--01014--007 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald W. Hamlin Ronald W. Hamlin 8/30/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #