

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000017888 (4)

1. Corporation Name  
TOCOTO TILE AND MARBLE, INC.

Principal Place of Business

1019 SE 40 STREET  
APT C  
CAPE CORAL FL 33904

Mailing Address

1019 SE 40 STREET  
APT C  
CAPE CORAL FL 33904

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUL 30 PM 1:20



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1209 SE 22 <sup>nd</sup> TERRACE		26 1209 SE 22 <sup>nd</sup> TERRACE		02/26/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0644823		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 CAPE CORAL, FL		28 CAPE CORAL, FL		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 33904		29 33904		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country					
25 USA		30 USA					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SLAUGHTER, THOMAS D SR 1019 SE 40 STREET APT C CAPE CORAL FL 33904				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 607.1508, 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	1.1 TITLE	D
NAME	SLAUGHTER, THOMAS D SR	1.2 NAME	SLAUGHTER, THOMAS D. SR.
STREET ADDRESS	1019 SE 40 STREET, APT C	1.3 STREET ADDRESS	13301 APPALUOSA LANE
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	FORT MYERS, FLA 33912
TITLE	D	2.1 TITLE	D
NAME	SLAUGHTER, THOMAS D JR	2.2 NAME	SLAUGHTER, THOMAS D. JR.
STREET ADDRESS	1019 SE 40 STREET, APT C	2.3 STREET ADDRESS	1209 SE 22 <sup>nd</sup> ST.
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

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