

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000022264 (1)**

1. Corporation Name

ROBINSON TILE AND MARBLE, INC.

Principal Place of Business

**1209 SAXON BLVD.
ORANGE CITY FL 32763**

Mailing Address

**1209 SAXON BLVD.
ORANGE CITY FL 32763**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1996	
21 98 S. US HWY 17-92	26 98 S. US HWY 17-92	4. FEI Number 59-3392817		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22 C		Suite, Apt. #, etc. 27 C		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 DEBARY FL		City & State 28 DEBARY FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 32713		Zip 29 32713		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25 USA		Country 30 USA			

9. Name and Address of Current Registered Agent

**ROBINSON, CURTIS J
1209 SAXON BLVD.
ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent

81 Name

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

98 C S. US HWY - 17-92

83

84 City

DEBARY

85

Zip Code

FL 32713

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 **Karen E. Robinson**

KAREN E. ROBINSON VS

4-27-98

Signature, typed or printed name of registered agent and block applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CURTIS J	1.2 NAME	
STREET ADDRESS	1209 SAXON BLVD.	1.3 STREET ADDRESS	98 C S. US HWY - 17-92
CITY-ST-ZIP	ORANGE CITY FL 32763	1.4 CITY-ST-ZIP	DEBARY, FL 32713
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, KAREN E	2.2 NAME	
STREET ADDRESS	1209 SAXON BLVD.	2.3 STREET ADDRESS	98 C S. US HWY 17-92
CITY-ST-ZIP	ORANGE CITY FL 32763	2.4 CITY-ST-ZIP	DEBARY, FL 32713
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: **Karen E. Robinson** **KAREN E ROBINSON** **4-27-98** **407 668-7434**

CR2E034 (10/97)