

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90228 050 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P96000040902**

1. Corporation Name
CASE CREATIVE TILE, INC.

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| Principal Place of Business 3976 N MONROE ST SUITE 7 TALLAHASSEE FL 32303 US | Mailing Address 1264 HIGH RD. TALLAHASSEE FL 32304 |
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DO NOT WRITE IN THIS SPACE

| | | | | | | |
|---|---|--|---|--|---|--|
| 2. Principal Place of Business 21 3976 N. Monroe St Suite, Apt. #, etc. Suite 7 22 Tallahassee FL City & State 23 32303 USA Zip Country | 2a. Mailing Address 26 PO Box 38447 Suite, Apt. #, etc. 27 Tallahassee FL City & State 28 32315-8447 USA Zip Country | 3. Date Incorporated or Qualified 05/13/1996 | 4. FEI Number 59-3238909 Applied For Not Applicable | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|--|---|--|---|--|

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| 9. Name and Address of Current Registered Agent CASE, JAMES D 3976 N MONROE ST SUITE 7 TALLAHASSEE FL 32303 | 10. Name and Address of New Registered Agent 81 Name JAMES D CASE 82 Street Address (P.O. Box Number is Not Acceptable) 1204 N. MONROE ST SUITE 7 83 3976 N. Monroe St Suite 7 84 City Tallahassee FL 85 Zip Code 32303 |
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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 **James D Case**  DATE **2/15/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASE, JAMES D | 1.2 NAME | |
| STREET ADDRESS | 1264 HIGH RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32304 | 1.4 CITY-ST-ZIP | |
| TITLE | VSD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASE, KIMBERLY J | 2.2 NAME | |
| STREET ADDRESS | 1264 HIGH RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32304 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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)(l), 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, with all other like empowered.

SIGNATURE:  **JAMES D CASE** DATE **2/15/99** (850) 514-3560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)