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

Mailing Address

1227 NW 14TH AVE

CAPE CORAL FL 33909

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041747

Principal Place of Business

1227 NW 14TH AVE

CAPE CORAL FL 33909

. 1999

PROGRESSIVE POOL TILE, INC.

| 2. Principal Pla | | | | | | 3. Date incorporated or Qi 05/09/1996 | ualited | | | |
|---|---|-----------------|---------------------|--|--|--|---|--------------------------------|------------------------------|--------------|
| 4. I HILOPPOIL I | ace of Business | 2a. Mailin | 2a. Mailing Address | | | 4. FEI Number | 4. FEI Number | | | 3 |
| | add of Boomsad | 26 | | | | 65-0670383 | | No | t Applicable | Set. |
| Suite, Apt. i | # etc | | Apt. #, etc. | - | | \$8.75 Additional | | | Additional | ٠, |
| - | r, 0.0. | 27 | | | | 5. Certifcate of Status Des | siredا | Fee Re | quired | |
| City & State | | City & | State | | | 6. Election Campaign Fina | ancina — | \$5.00 | May Be | |
| - | 3 Only & Citatio | | | | | Trust Fund Contribution | - 11 | Added t | | |
| 23 | Country Zip | | | Cou | ntrv | 8. This corporation owes t | | angible | | |
| Zip | | | | 30 | , | Personal Property Tax. | no ourront your ma | Yes | □No | |
| 24 | 25 | | | 30 | | 10. Name and Address of | New Registered | Agent | | ļ |
| | 9. Name and Address of Current | Registered A | - tyent | | 81 Name | 70. 114.110 2.12.124.130 | <u> </u> | | | 1 |
| RDV/ | ANT, JASON | | • | | | | | | | |
| | NW 14TH AVE | | : | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
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| CAPI | E CORAL FL 33909 | | | | 83 | | | 5. 3. W | | ł |
| | | | | | 84 City | 13-14-1-15 | THE PROPERTY OF THE PERSON OF | | Code | 1 |
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| -66 | to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati | of Florida, Suc | n change was a | uinonzec | i ny me cordor | orporation submits this statement ation's board of directors. I hereb | for the purpose of y accept the appoir | changing its ntment as re | registered gistered | į |
| SIGNATURE | | | | | | | DATE | | | ـ ا |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: R | | | | | Agent signature req | uired when reinstating) · · · · · ADDITIONS/CHANGES | | ID DIRECTO | ORS IN 12 | ğ |
| | OFFICERS ANI | | | | | | | | | |
| 12. | | DURECTOR | | 13. | 715 | | 10 01110210711 | | ☐ Addition |] ₹ |
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| TITLE NAME | D BRYANT, JASON | DURECTOR | | 1.1 TI 1.2 No 1.3 S | AME | | 10 OF 11 OC 11 OF 11 OC | ☐ Change | ☐ Addition | DOE034 (41 |
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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 suppliemental 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

Jason Bryant

□ DELETE

941-458-8578

Change

Addition

Daytime Phone #

FILED

Feb 10, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

02-10-1999 90033 008 ***150.00