


9-2-97 B 8269 S
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.)

FILED
Sep 02 1997 8:00am
Secretary of State

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|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P96000042984 (0) 1. Corporation Name TANNER TILE, INC. | | |



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| Principal Place of Business 3795 17 AVE SW NAPLES FL 33964 | Mailing Address 3795 17 AVE SW NAPLES FL 33964 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|---|--|--|--|---------------------------------|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 05/13/1996 | | 3a. Date of Last Report | |
| 4. FEI Number 65-0672451 | | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | 8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 5.00 May Be Added to Fees | | | |

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|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent TANNER, CRAIG R 1359 MICHIGAN AVE NAPLES FL 33942 | | | | 10. Name and Address of New Registered Agent 81 Name Tanner, Craig R 82 Street Address (P.O. Box Number Not Acceptable) 3795 17th Ave SW 83 84 City NAPLES FL 85 Zip Code 34117 | | | |
|---|--|--|--|--|--|--|--|

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 *Craig R. Tanner* 8/25/97
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | | | | | |
|----------------------------|-------------------------|---------------------------------|--|---|--------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | P/D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TANNER, JOSEPH R | | | 1.2 NAME | Tanner, Joseph R | | |
| STREET ADDRESS | 3795 17 AVE SW | | | 1.3 STREET ADDRESS | 3795 17th AVE SW | | |
| CITY-ST-ZIP | NAPLES FL 33964 | | | 1.4 CITY-ST-ZIP | NAPLES FL 34117 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 2.1 TITLE | VP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 2.2 NAME | Tanner, CRAIG R | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | 3795 17th AVE SW | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | NAPLES, FL 34117 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 3.2 NAME | Tanner, Nicole Y | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | 3795 17th AVE SW | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | NAPLES, FL 34117 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | S | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 4.2 NAME | Tanner, Cynthia M | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | 3795 17th AVE SW | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | NAPLES, FL 34117 | | |
| 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 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 *Craig R. Tanner* 8/26/97 (941) 352-6991
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E034 (4/97)