

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

FILED

May 15 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000078959 (9)

1. Corporation Name

HALL CERAMIC TILE K, INC.



| | |
|---|---|
| Principal Place of Business 236 PLAZA OVAL CASSELBERRY FL 32707 | Mailing Address 236 PLAZA OVAL CASSELBERRY FL 32707 |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/20/1996

4. FEI Number
59-3406630

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

| | |
|---|--|
| 2. Principal Place of Business 21 HALL CERAMIC TILE K, INC 22 236 Plaza Oval 23 City & State Casselberry, FL 32707 24 Zip 25 Country | 2a. Mailing Address 26 HALL CERAMIC TILE K, INC 27 236 Plaza Oval 28 City & State Casselberry, FL 32707 29 Zip 30 Country |
|---|--|

9. Name and Address of Current Registered Agent

HALL, ROBERT
236 PLAZA OVAL
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 | |
|----------------------------|----------------------|---|-----------------------|
| TITLE | D | 1.1 TITLE | President |
| NAME | HALL, ROBERT | 1.2 NAME | ROBERT K HALL |
| STREET ADDRESS | 236 PLAZA OVAL | 1.3 STREET ADDRESS | 236 Plaza oval |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | 1.4 CITY-ST-ZIP | Casselberry Fl. 32707 |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Robert K Hall 407-8301401
8-5-98

CR2E034 (10/97)