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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000079900 (2)**

1. Corporation Name
TILE SUPPLY & DESIGN OF FT. MYERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 152779 TAMPA FL 33684-2779	P.O. BOX 152779 TAMPA FL 33684-2779

3. Date Incorporated or Qualified: 09/25/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 16321 SOUTH TAMIAMI TRAIL	26 16321 SOUTH TAMIAMI TRAIL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT. MYERS, FL.	City & State 28 FT. MYERS, FL.
Zip 24 33908 Country 25 LEE	Zip 29 33980 Country 30 LEE

4. FEI Number: 65-0697200 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAW, BILL M
550 N. REO STREET
SUITE 300
TAMPA FL 33609-1013

10. Name and Address of New Registered Agent

81 Name: KIM McLOUGHLIN
82 Street Address (P.O. Box Number is Not Acceptable): 105 N.W. 38th PLACE
83
84 City: CAPE CORAL FL 85 Zip Code: 33993

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: X Kim McLoughlin (NOTE: Registered Agent signature required when reinstating) DATE: 3-17-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREINER, KIM E 3845 59TH STREET NORTH ST. PETERSBURG FL 33709 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D McLOUGHLIN, KIM 105 N.M. 38th PLACE CAPE CORAL, FL. 33993 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREINER, ALBA E 3845 59TH STREET NORTH ST. PETERSBURG FL 33709 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: X Kim McLoughlin Kim McLoughlin 3-17-97 941-454-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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