

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000020712 (0)

1. Corporation Name

ELGENETTE WILLIAMS TILE, INC.



Principal Place of Business

Mailing Address

109 CENTRAL AVE
CLEWISTON FL 33440

109 CENTRAL AVE
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

65-0727808

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 1131 Florida Ave

Suite, Apt. #, etc.

22

City & State

23 Clewiston, FL

Zip

24 33440

Country

25 Hendry

2a. Mailing Address

26 1131 Florida Ave

Suite, Apt. #, etc.

27

City & State

28 Clewiston, FL

Zip

29 33440

Country

30 Hendry

9. Name and Address of Current Registered Agent

WILLIAMS, ELGENETTE
109 CENTRAL AVE
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name

82 Williams, Elgenette

82 Street Address (P.O. Box Number is Not Acceptable)

1131 Florida Ave.

83

84 City

Clewiston

FL

85 Zip Code

33440

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

Elgenette Williams

Elgenette Williams President 3-17-98

Signature, typed or printed name of registered agent and title if applicable

(NOT a registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WILLIAMS, ELGENETTE
STREET ADDRESS 109 CENTRAL AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE S ☐ DELETE

NAME BROWN, PATRICIA
STREET ADDRESS 109 CENTRAL AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE T ☐ DELETE

NAME EVERETT, WINNIE
STREET ADDRESS 109 CENTRAL AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Elgenette Williams (Address) ☒ Change

1.3 STREET ADDRESS 1131 FL AVE

1.4 CITY-ST-ZIP Clewiston, FL 33440

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SECRETARY

3.3 STREET ADDRESS PATRICIA BROWN

3.4 CITY-ST-ZIP 1131 FL AVE

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME TREASURE

4.3 STREET ADDRESS WINNIE EVERETT

4.4 CITY-ST-ZIP 1131 FL AVE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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.

CR2E034 (10/97)