

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90201 002 ***158.75

DOCUMENT # P97000020712

1. Corporation Name
ELGENETTE WILLIAMS TILE, INC.



Principal Place of Business

1131 FLORIDA AVE
CLEWISTON FL 33440
US

Mailing Address

1131 FLORIDA AVE
CLEWISTON FL 33440
US

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 the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip County

24 Zip 25 County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

~~WILLIAMS, ELGENETTE~~ - INCORRECT SPELLING
1131 FLORIDA AVE
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name Elgenette Williams

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

1131 FLORIDA AVE

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 President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WILLIAMS, ELGENETTE

STREET ADDRESS 1131 FLORIDA AVE

CITY-ST-ZIP CLEWISTON FL 33440

TITLE S ☒ DELETE

NAME BROWN, PATRICIA

STREET ADDRESS 1131 FLORIDA AVE

CITY-ST-ZIP CLEWISTON FL 33440

TITLE T ☐ DELETE

NAME EVERETT, WINNIE

STREET ADDRESS 1131 FLORIDA 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 TREASURER ☐ Change ☒ Addition

1.2 NAME Deidra Wright

1.3 STREET ADDRESS 1131 Florida 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 SECRETARY ☒ Change ☐ Addition

3.2 NAME Winnie Everett

3.3 STREET ADDRESS 1131 Florida Ave

3.4 CITY-ST-ZIP Clewiston, FL 33440

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 change; or on an attachment with an address, with all other like empowered

SIGNATURE: Elgenette Williams President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

941-983-2546

Daytime Phone #

CR2E034 (11/98)