

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

DOCUMENT # P97000056544

1. Corporation Name

ST. JOHNS TILE, INC.

Principal Place of Business

**3812 TALLCOTT DR.
JACKSONVILLE FL 32246**

Mailing Address

**3812 TALLCOTT DR.
JACKSONVILLE FL 32246**

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90193 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1997

4. FEI Number

59-3451855

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

4191 EVERETT AVE

2a. Mailing Address

4191 EVERETT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

City & State

MIDDLEBURG, FL

Zip Country

32068

Zip Country

32068

9. Name and Address of Current Registered Agent

**DOMINGER, ARNOLD
3812 TALLCOTT DR.
JACKSONVILLE FL 32246**

10. Name and Address of New Registered Agent

81 Name

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

4191 EVERETT AVE

83

MIDDLEBURG

FL

85 Zip Code
32068

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DOMINGER, ARNOLD**
STREET ADDRESS **3812 TALLCOTT DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ DELETE

NAME **MILLEVOI, DARREN**
STREET ADDRESS **192 CROSSCOVE CIRCLE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ DELETE

NAME **DOMINGER, JOHN**
STREET ADDRESS **3630 PONCE DE LEON DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

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 ☒ Change ☐ Addition

1.2 NAME **Dominger, Arnold**
1.3 STREET ADDRESS **4191 Everett Ave**
1.4 CITY-ST-ZIP **Middleburg, fl 32068**

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)