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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90200 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000103345			
1. Corporation Name ELLIOTT'S PRECISION TILE SERVICE, INC.			
Principal Place of Business 617 BARONET DRIVE HOLMES BEACH FL 34217		Mailing Address PO BOX 1010 ANNA MARIA FL 34316	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 12/10/1998	
21	2a. Mailing Address	4. FEI Number 65-0880842	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable	
22	27	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23	28	7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	
Zip	Zip		
Country	Country		
24	29	8. Name and Address of Current Registered Agent	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ELLIOTT, JACK T 617 BARONET DRIVE HOLMES BEACH FL 34217		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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		DATE 5/26/99	
(NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE ☐ DELETE ☐ CHANGE ☐ ADDITION			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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: X Jack T Elliott REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5/12/99
 DATE DAYTIME PHONE #

CR2E034 (1/198)