

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAR 27 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 77749

1. Corporation Name

TILE + PRINT CRAFTS INC.

Principal Place of Business

Mailing Address

HILLSBOROUGH COUNTY 17719 CRANBROOK DR.
FLORIDA
LUTZ, FL. 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

2/15/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3082041

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN W. FEYL
14011 MIDDLETON WAY
TAMPA, FL. 33624
(813)-962-4227

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Name of Registered Agent and Title if applicable)

Signature of Registered Agent (Signature required when changing)

3/16/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PRES
JAMES R. MOROTTI
17719 CRANBROOK DR.
LUTZ, FL. 33549 48%

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
000001442550
-03/29/95--01035--017
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
V.P.
CHRISTOPHER T. MOROTTI
17802 - SUNRISE DR.
LUTZ, FL. 33549 48%

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
SEC.
JAMES A. MOROTTI
17719 CRANBROOK DR.
LUTZ, FL. 33549 →

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
SAC
WILLIAM JANSCHKE 4%
1511 DOBY CIRCLE
TAMPA FL. 33612

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 affidavit.

SIGNATURE: JAMES R. MOROTTI

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

3/14/95 813-948-N85