

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

1995 MAY -1 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001491708
-05/17/95--01138--007
***225.00 ***225.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # **S80658** (5)
1. Corporation Name
ON-LINE TILE INC

Principal Place of Business 116 ROWLAND LEHIGH ACRES FL 33906 US	Mailing Address P.O. BOX 61461 FT. MYERS FL 33906 US
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3. Date Incorporated or Qualified 09/16/1991	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21 1650 ARDMORE RD	2a. Mailing Address 26 1650 ARDMORE RD
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4. FEI Number 65-0321562	Applied For ☐ Not Applicable
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22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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23 City & State FORT MYERS FLA	28 City & State FORT MYERS FLA
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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24 Zip 33901	25 Country Lee	29 Zip 33901	30 Country Lee
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent
**DOYLE, BERNARD L. JR.
1650 ARDMORE RD
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (Signature typed or printed name of registered agent and the corporation)
DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME DOYLE, BERNARD L., JR.	1.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 116 ROWLAND RD		1.2 NAME	
CITY, ST, ZIP LEHIGH ACRES FL		1.3 STREET ADDRESS	
TITLE ST	NAME DOYLE, PATRICIA J.	2.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 1650 ARDMORE RD.		2.2 NAME	
CITY, ST, ZIP FT. MYERS FL		2.3 STREET ADDRESS	
TITLE	NAME	3.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
TITLE	NAME	4.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
TITLE	NAME	5.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
TITLE	NAME	6.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

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 in an attachment with an address.

SIGNATURE: *Bernard L. Doyle Jr.* **BERNARD L. DOYLE JR.** 5/5/95 813-334-7199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR