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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V00854

(2)

1. Corporation Name

MASTER TILE OF LEE COUNTY, INC.

Principal Place of Business

409 S.E. 16TH TERRACE
CAPE CORAL FL 33990

Mailing Address

1503 S.E. 24TH AVE.
CAPE CORAL FL 33990-1983

3. Date Incorporated or Qualified

01/01/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 1503 SE 24th Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 CAPE CORAL FL

24 Zip

33990

Country

25 LEE

Zip

29

Country

30

4. FEI Number

65-0302549

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KORB, LEE W.
409 S.E. 16TH TERRACE
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name

KORB, LEE W.

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

1503 SE 24th Ave

83

84 City

CAPE CORAL

FL

85 Zip Code

33990

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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

LEE W. KORB, Pres. 4-18-97

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME KORB, LEE W.
STREET ADDRESS 409 SE 16TH TERRACE
CITY-ST-ZIP CAPE CORAL FL

TITLE V ☒ DELETE

NAME EATON, KENNETH B JR
STREET ADDRESS 5009 SECOND STREET W.
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 S
1.3 STREET ADDRESS PAMELA R. FREEMAN
1.4 CITY-ST-ZIP 1503 SE 24th Avenue
CAPE CORAL FL 33990

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 do 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.

SIGNATURE LEE W. KORB, Pres. 4-18-97 041-458-1418

CP2E034 (9/96)