

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V03356 (5)

1. Corporation Name

TROPICAL TILE & MARBLE, INC.

Principal Place of Business

1819 55 TH STREET SW
NAPLES FL 33999

Mailing Address

1819 55 TH STREET SW
NAPLES FL 33999



2. Principal Place of Business

21 4627 Arnold Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 4627 Arnold Ave NAPLES FL 33942
Suite, Apt. #, etc.

22 City & State

23 NAPLES FL
Zip Country

24 33942 25 USA

27 City & State

28 NAPLES FL
Zip Country

29 33942 30 USA

3. Date Incorporated or Qualified

12/31/1991

3a. Date of Last Report

01/26/1995

4. FEI Number

65-0305467

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

FRENCH, JAMEY
1819 55TH STREET, SW
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name

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

83 411 14TH ST SE

84 City

NAPLES

FL

85 Zip Code
33904

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]

JAMEY FRENCH, V.P., TREASURER

DATE 4/14/96

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SPENCER, RON
STREET ADDRESS 3491 COUNTY BARN ROAD, #E-202
CITY-STATE-ZIP NAPLES FL

☐ DELETE

TITLE VTD
NAME FRENCY, JAMEY
STREET ADDRESS 1819 55TH STREET, SW.
CITY-STATE-ZIP NAPLES FL 33999

☐ DELETE

TITLE ~~DC~~
NAME SOMMERFIELD, GREG
STREET ADDRESS 46 TINA LANE
CITY-STATE-ZIP NAPLES FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***200.00

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 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMEY T. FRENCH

4/15/96

9416431904

Daytime Phone #

CR2E034 (12/95)