

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V66915 (2)

1. Corporation Name

TIBBETTS TILE, INC.

Principal Place of Business

**600 MAGNOLIA ST
NEPTUNE BEACH FL 32206**

Mailing Address

**600 MAGNOLIA ST
NEPTUNE BEACH FL 32206**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/28/1992

3a. Date of Last Report

04/21/1994

4. FBI Number

59-3139585

59-3139585

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

2. Principal Place of Business

21 600 MAGNOLIA ST

2a. Mailing Address

25 5000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NEPTUNE BEACH, FL.

City & State

City & State

City & State

City & State

24 32266

Country

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TIBBETTS, CHRISTIAN M
600 MAGNOLIA ST
NEPTUNE BEACH FL 32206**

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

[Signature]

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

APR 13 1995

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	TIBBETTS, CHRISTIAN M
STREET ADDRESS	600 MAGNOLIA ST
CITY - ST - ZIP	NEPTUNE BEACH FL
TITLE	D
NAME	TIBBETTS, CHRISTIAN M
STREET ADDRESS	600 MAGNOLIA ST
CITY - ST - ZIP	NEPTUNE BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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(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. I attach my signature in attachment with an address.

SIGNATURE:

[Signature]

CHRIS TIBBETTS

4-13-95

804-249-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #