I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLIFTON J. HOLMES

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

HOLMES, CLIFTON J 214 PINE CONE DR. FT. WALTON BEACH FL 32548 US

DOCUMENT# P0400009385

FT. WALTON BEACH FL 32548

Current Mailing Address:

FEI Number: 61-1464638

214 PINE CONE DR.

214 PINE CONE DR.

Entity Name: C & G TILE SERVICE, INC.

Current Principal Place of Business:

FT. WALTON BEACH FL 32548 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Officer/ Title Name Address

City-State-Zip: FT. WALTON BEACH FL 32548

	Electronic Signature of Registered Agent			[
/Dire	ctor Detail :			
	P D	Title	VP	
	HOLMES, CLIFTON J	Name	HOLMES, GLENNDEL G	
	214 PINE CONE DR.	Address	214 PINE CONE DR.	

City-State-Zip: FT. WALTON BEACH FL 32548

2018 EL ODIDA DOOEIT	CORPORATION ANNUAL REPORT
ZUTO I LUNIDA FINULTI	CONFORATION ANNOAL NEFORT

FILED Feb 02, 2018 Secretary of State CC5266910016

Date

Certificate of Status Desired: No

02/02/2018 Date

OWNER