

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 10 PM 3: 19

DOCUMENT # L84914
1. Corporation Name

JIM'S CUSTOM CARPETS SERVICE, INC.

Principal Place of Business Mailing Address  1500 HEARTWELLVILLE ST.  NORTH WEST PALM BAY FL 32907 NORTH WEST PALM BAY FL 32907								
US		US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					06/29/1990			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-3020885		Applied For Not Applicable	
Suite Apl #, etc		Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	le:	City & State			Election Campaign Financing     Trust Fund Contribution     Added to Fees			
Ζφ 24	Country 25	Z <sub>1</sub> p 30	Country		This corporation owes the current year In Personal Property Tax.		_	
, !	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered	Agent		
PA	/ 141456		81	Name				
FOX, JAMES 2550 BERNICE CT MELBOURNE FL 32935			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
			83					
				0::				
			84	City	FI	85	Zip Code	
SIGNATURE (				I signature require	ed when reinstating) DATE			
12. Title	D OFFICER	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE ☐ Cha		
NAME	FOX. JAMES	EJ OCCETE	1.2 NAME	}		_	- (	
STREET ADDRESS	1500 HEARTWELLVILLE S	T. N.W.		ADDRESS	800002987 -09/15/99	<u> </u>	81	
City-S1-ZiP	PALM BAY FL		1.4 CITY-S	r- <b>Z</b> IP	-09/15/99	01051	!U18	
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STREET ADDRESS			23 STREET				į	
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NAME			3.2 NAME			L., Ond	inge [] radioon	
STREET ADDRESS			3.3 STREET	ADDRESS				
City-S1-ZiP			3.4. CITY-S	[			1	
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NAME			5 2 NAME	ADDDECC				
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CITY-\$1-ZiF			54 CITY-S	1-212				

14. I 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 James 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 application or the receiver or an attachment with an address, with all other like empowered.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

6 1 TITLE

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CHTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-99 Date

Daytime Phone #

Change

Addition

CR2E034 (11/98)



## **Angle Gasior**

Small Business Counselor

407-254-7386

2185 N Harbor City Blvd. Melbourne, FL 32935

= Business Counseling

**■**Tax Planning

■ Record Keeping

**■**Tax Preparation

August 16, 1999

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern

I am enclosing the original Annual Report for Jim's Custom Carpet's Service, Inc., with a check for \$150.00. Mr. Fox the president of this corporation had been out of state for over 2 months taking care of his elderly parents whom were ill. Unfortunately the paper work had piled up and he didn't realize the time frame in which his corporate annual report needed to be mailed. Mr. Fox is very faithful in all of his compliance with both the counties and state requirements. I would appreciate your consideration of leniency in his returning this untimely.

Sincerely,

Angie Gasior Accountant