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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name  1. Corporation Name  L94692  JAMES BROS. CARPET & TILE, INC.  Principal Place of Business  Mailing Address  5225 U.S. 1 SOUTH  ST. AUGUSTINE FL 32086  ST. AUGUSTINE FL 32086								
ST. AUGU Us	USTINE FL 32086	ST AUGUSTINE FL US	32086					
		US			3. Date Incorporated or Qualified	1	of Last F	
2. Principal Pi	lace of Business	2a. Mailing Address	···	····	08/17/1990 4. FEI Number		04/28/	
21		26			59-3028820			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7I	Not Applicable  Additional
22		27			5. Certificate of Status Desired			Required
City & State	θ	City & State			6. Election Campaign Financing		\$5.0	0 May Be
<b>23</b> Zip	Country	28	·		Trust Fund Contribution		Adde	d to Fees
24	Country 25	Zip [ <b>29</b> ]	Coun	ntry	8. This corporation has liability for		x under s	199.032,
T 1	9. Name and Address of Curre		30		Florida Statutes Yes  10. Name and Address of New I	s 2No	Acont	·····
				81 Name		rogistereo :	Agent	
JAMES, C E JR			<u> </u>	82 Street Add	dress (P.O. Box Number is Not Acceptal	hle)		
	US HWY 1 SOUTH				iditess (F.O. Dox Number is Nut Acceptable)			
st au	UGUSTINE FL 32086		1	83				
			la la	84 City			<b>85</b> Zi	p Code
11 Pursuant t	to the provisions of Sections 607 650	2 and 607 1500 Florida Day				FL		•
or register	to the provisions of Sections 607,050; red agent, or both, in the State of Flor th, and accept the obligations of Sec	ida. Such channe was authori:	es, the abov	e-named corpor	ration submits this statement for the pu	irpose of cha	inging its i	egistered office
		The state of the s	eo by the co	orporation's boa	ard of directors. I hereby accept the app	ointment as	registered	lacent Lam
	itii, and accept the obligations of, Sec	tion 607,0505, Florida Statutes	sed by the CC 3.	orporation's boa	ard of directors. I hereby accept the app	oointment as	registered	l agent. I am
SIGNATURE:		mon ec 7.0000, Florida Statutes	s.	poration's doa	ard or directors. I hereby accept the app	pointment as	registered	agent. I am
	Signature, typed or printed name of registered agen	mon ec 7.0000, Florida Statutes	s.	Orporation's boa	ard of directors. I hereby accept the app	DATE		
SIGNATURE _ 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AN	it and trip if applicable. (N:	DIE: Registered A	gort signature require	ard or directors. I hereby accept the app	DATE FICERS AND		
SIGNATURE	Signature, typed or printed name of registered again OFFICERS AN D JAMES, C E JR	it and trie if applicable. (No	OTE: Registered A	gont signature require	ard of directors. I hereby accept the app	DATE FICERS AND	DIRECTO	DRS IN 12
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appears in Block 12 or Block 13 if changed, or an an achment with an address.

SIGNATURE:

C.E. SAMES JR.

4/2/96 904-797-3052 Dayling France #