## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000014785

1. Corporation Name

## Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90005 014 \*\*\*150.00

PINELLA	S TILE AND CARPET, IN								
Principal Place	e of Business	Mailing Address							•
13015 114TH AVE. N. 13015 114TH AVE. N.									
LARGO FL 33774 LARGO FL 33774						DO NOT WRITE	IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						02/13/1998			
2. Principal Place of Business 2a. Mailing Address						-4 - FEI Number		- Ar	plied For
2126						59-350122	3	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	Additional
27						5. Certifcate of Status Desired		Fee Re	equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23	3					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Countr	y		8. This corporation owes the current	t year Inta	angible	
24	25	29	30			Personal Property Tax.		Yes	□No
•	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered A	\gent	
1416	10 TOM 100 III		81	I Nam	e				
KNOWLTON, KEVIN				Stre	et Addre	ss (P.O. Box Number is Not Acceptable			
13015 114TH AVE. N.				""					
LAR	GO FL 33774		83	3					
				) City				85 Zip (	Code
			84	City			FL	03 Zip	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was aut ligations of, Section 607.0505, Florid	thorized by da Statute	y the co s.	rporatior	ration submits this statement for the pun's board of directors. I hereby accept	the appoin	itment as re	gistered
	Signature, typed or printed name of registered	AND DIRECTORS	13.	ent signatu	ra required	when reinstating)  ADDITIONS/CHANGES TO OFFICE		D DIBECTO	DE IN 12
12.	D	DELETE	1.1 TITLE		$\top$	ADDITIONS/CHANGES TO OFFI	SEINO AIN	Change	Addition
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NAME	13015 114TH AVE. N.				_				J
STREET ADDRESS	LARGO FL 33774			T ADDRES	55				1
CITY-ST-ZIP	LANGO PL 33774	☐ DELETE	1.4 C/TY-1	S1-ZIP	+-			Change	Addition
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NAME			2.2 NAME		[	and the second s		-	-
STREET ADDRESS			2.3 STREE		×S				1
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NAME			3.2 NAME 3.3 STREE						
STREET ADDRESS					»				
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NAME				: TADORE:					
STREET ADDRESS					~		,		1
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NAME			5.3 STREE		ss		•		
STREET ADDRESS			5.4 CITY-		-				
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		_ 5242.2	6.2 NAME					_ ,	
NAME			6.3 STREE		ss	•			ļ
0.400			6.4 CITY-						
CITY-ST-ZIP	İ		0.4 Ult 1-3	3114IP	1				,

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 suppliemental 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, with all other like empowered.

SIGNATURE:

727-596-5828 Daytime Phone #