

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **H35645**
1. Corporation Name

(1)

EDWARDS FLOOR COVERING, INC.

Principal Place of Business

EDWARDS FLOOR COVERING
2123 UNIVERSITY PARKWAY
SARASOTA FL 34243
US

Mailing Address

% ROBERT L. EDWARDS
2123 UNIVERSITY PARKWAY
SARASOTA FL 34243-2821

APPROVED
AND
FILED

98 OCT 22 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1984

4. FEI Number

59-2497214

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

EDWARDS, ROBERT L.
2123 UNIVERSITY PARKWAY
SARASOTA FL 34243

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME **P** ☐ DELETE

STREET ADDRESS **EDWARDS, ROBERT L.**

CITY-ST-ZIP **2123 UNIVERSITY PKWY**

SARASOTA FL

13. TITLE

NAME **D** ☐ DELETE

STREET ADDRESS **EDWARDS, KENNETH N.**

CITY-ST-ZIP **2123 UNIVERSITY PKWY**

SARASOTA FL

14. TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

15. TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

16. TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

17. TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

000002675980-3

-10/29/98-01084-020

*******550.00 *****550.00**

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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 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.

SIGNATURE: **12/26** SIGNATURE REQUIRED

9/18/98

941-351-6319

0101049

CR2E034 (5/98)