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

Mailing Address

ORLANDO FL 32804

2008 N. ORANGE AVENUE

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90039 048 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 238367

1. Corporation Name

Principal Place of Business

2008 N. ORANGE AVENUE ORLANDO FI. 32804

CITY-ST-ZIP

BARNES DRAPERY AND FLOOR COVERING INC.

						07/01/	1960			
2. Principa Pl	ace of Business	2a. Mailing Address				4. FEI Number				Applied For
21		26				59-097	71214			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired				A ditional
22									Fee	Recuired
City & State	9	City & State				• · · · · · · · · · · · · · · ·			\$5.0	May Be
23		28				Trust Fund Contribution			Adde	d tc Fees
Zip	Cour try Zip		Cou	Country 30		8. This corporation owes the current year intar				
24	25 29					Persor al Property Tax.   ▶ Yes □ No			I_No	
	9. Name and Address of Current	Registered Agent				10. Name a	ind Address of New F	(egistere	d Agent	
D/DA	NEC DODERT I			81	Name					-
	NES, ROBERT, L			82	Street Add	ess (P.O. Bo) Number is Not Acceptable)				
	N ORANGE AVE									
UHLA	ANDO FL 32804			83						
				84	City				. 85 Zi	p Code
					•			F	L∣ ˈ	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida State t	es, the al	bove-	named corp	oration submit	this statement for the	purpose	of changing	its registered
office or re	egistered agent, or both, in the State of manifer with, and accept the obligat	if Florida. Such change was a ons of, Section 607,0505, Flo	iutnorized irida Stati	ı by tr Jtes.	ne corporati	on's poard of the	rectors, i neleby acces	n me app	Ontinent as	registered
3	Idamina Irian, and anaspe in a sangar									ļ
SIGNATUF:E	Signature, typed or printed name of registered agen-	and title if applicable. (NOT	: Registered	Agent	signature require	ed when reinstating)		DATE		
12.	OFFICERS ANI		13.			ADDITIO	NS/CHANGES TO OF	FICERS		
TITLE	P	☐ DELETE	1.1 10	1.1 TITLE					Chang	e
NAME	Barnes, William H		1.2 NA	ME						
STREET ADDRESS	2008 N. ORANGE AVE.		1.3 \$7	REET /	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CI	TY-ST-	- ZIP					
TITLE	V	☐ DELETE	2.1 Ti	TLE					Chang	e 🔲 Addition
NAME	Barnes, Robert L.		2.2 N	2.2 NAME						1
STREET ADDRESS	2008 N. ORANGE AVE.		2.3 S1	REET A	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32804		2.4 C	TY-ST	-ZIP					
TITLE	ST	☐ DELETE	3.1 TI	πE					Chang	e
NAME	Barnes, Elizabeth R		3.2 N	ME						
STREET ADDRESS	2008 N ORANGE AVE		3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32804		3.4. C	ITY-ST	-ZIP					
TITLE		☐ DELETE	4 1 TI	TLE					☐ Chang	e
NAME			4 2 N	AME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					İ
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP					
TITLE		☐ DELETE	5.1 TI	5.1 TITLE					☐ Chang	e
NAME			5.2 N	ME						
STREET ADDRI SS			5.3 ST	REET	ADDRESS					1
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP					
TITLE		☐ DELETE	6.1 TI	TLE					☐ Chang	e Addition
NAME			6.2 N	₩E						
STREET ADDRESS			6.3 S1	REET	ADDRESS					

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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, go on an attachment with an address, with all other like empowered.

OF SIGNING OFFICE R OR DIRECTOR