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

**FILED PROFIT** Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # **(**0) SEAHOCK FLOOR COVERING INC Principal Place of Business Mailing Address 5801 CENTRAL AVENUE 5801 CENTRAL AVENUE ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1964 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-1082247 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CIHAK, DONALD J. 5801 CENTRAL AVE 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33710 83 84 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: typicd or printed more of registered agent and title diapple after (NOT). Registered Agent signature required when reinstating) OFFICERS AND DIRI CTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DECETE TITLE Change Addition 1.1 TO LE NAME CIHAK, DONALD J. 1.2 NAME 1661 HARMONY DR. STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME CIHAK, GLENN W. 2.2 NAME 4588 14TH AVE., N. STREET ADDRESS 2 3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2 4 CITY-ST-ZIP CBD DELETE TITLE Change Addition 3 1 111LE CHAK, JOSEPH F. NAME 3.2 NAME 7010 MANGO AVE., S. STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE TITLE 4.1 TH LE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELFTE TITLE 5 1 BILE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELĒTĒ TITLE 6.1 THEE ☐ Addition NAME 6.2 NAME

Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-S1-7/P 14. Thereby 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 arrural 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS

CITY-ST-ZIP