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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

303396

(6)

MC NEILL & SONS FLOORING INC.

**FILED** Feb 27 1997 8:00am Secretary of State

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| Principal Place of t                      | Business   | Ma                             | iling Address                                |                                 |                    |   |                              |   |                            |
|---|--|--------------------------------|--|---------------------------------|--------------------|---|------------------------------|---|----------------------------|
| 561 NORTH SAN<br>JACKSONVILLE FI          |  |                                | 61 North San Pabl<br>Acksonville FL 322      |                                 |                    |   |                              |   |                            |
|   |  |                                |  |                                 |                    | 3. Date Incorporated or Qualified 03/28/1966  |                              | of Last Re<br>20/1996                   | •                          |
| 2. Principal Place                        | of Business  | 2a.                            | Mailing Address                              |                                 |                    | 4. FEI Number   | <del></del>                  | Ap                                      | plied For                  |
| 21  |  | 26                             |  |                                 |                    | 59-1119469  |                              | No                                      | t Applicable               |
| Suite, Apt. #, et                         | Ç.   |                                | Suite, Apt. #, etc.                          |                                 |                    | 5. Certificate of Status Desired  |                              | \$8.75                                  |                            |
| 22  |  | 27                             |  |                                 |                    | Constitute of Claims Doubles  | b                            | Fee Re                                  | quired                     |
| City & State                              |  | ļ,                             | City & State                                 |                                 |                    | 6. Election Campaign Financing  | _                            | \$5.00                                  | May Be                     |
| 23  |  | 28                             |  |                                 |                    | Trust Fund Contribution   |                              | Added !                                 | o Fees                     |
| Zφ  | Country  | <u> </u>                       | <i>Z</i> ip                                  | Country                         | •                  | 8. This corporation has tiability for   |                              |   | . 199.032,                 |
| 24  | 25   | 29                             |  | 30                              |                    |   | Yes 🗌                        |   |                            |
| <u> </u>                                  | Name and Address of Curr<br>IL, SR. CHARLES E.                     |                                | ered Agent                                   | B1                              | Name 🕢             | 10. Name and Address of New Ro  | gistered A                   | gent<br>7                               |                            |
| 561 N                                     | IL, SR. CHARLES E. 5<br>SAN PABLO RO<br>SONVILLE FL 32225          | 14                             |  | 82<br>83                        | Street Add         | Iress (P.O. Box Number is Not Accepta   | FL                           | 85 Zip                                  | Code                       |
| office or regist agent I am lai SIGNATURE | tered agent, or both, in the Sta<br>miliar with, and accept the ob | ate of Florid<br>ligations of, | la. Such change was<br>, Section 607.0505, F | authorized by<br>Torlda Statute | the corpora<br>s.  | poration submits this statement for the<br>tion's board of directors. I hereby acce | purpose of c<br>pt the appoi | l [<br>changing it<br>ntment as         | s registered<br>registered |
| • Signa                                   | dure, typical or printed name of registered                        |                                |  |                                 | ant signature requ | ilred when reinstaling)   | DATE<br>OFFICIALIDA          | NOFOROE                                 | NO (A) 40                  |
| 12.                                       | OFFICERS A   | AND DIREC                      |  | 13,                             |                    | ADDITIONS/CHANGES TO OFFI   |                              |   |                            |
| TITLE                                     | MCNEIL, SR. CHARLES E.   |                                | ☐ DELETE                                     | 1.1 TITLE                       | 4                  | director  | L                            | Change                                  | Addition                   |
|   | Moneil, on Charles E.<br>581 SAN PABLO ROAD                        |                                |  | 1.2 NAME                        |                    |   |                              |   |                            |
|   |  |                                |  | 1.3 STREE                       | ADDRESS            |   |                              |   |                            |
| OH FOR ZII                                | JACKSONVILLE, FL 00000   |                                |  | 1.4 CiTY-                       |                    |   |                              |   | The against a              |
| 11161                                     | VO   |                                | ☐ DELETE                                     | 2.1 TITLE                       | l f                | RESIDENT/DIREC  | TO/C                         | Change                                  | Addition                   |
| NAME                                      | MCNEKL JR, C E   |                                |  | 22 NAME                         |                    |   |                              |   |                            |
|   | 561 SAN PABLO ROAD   |                                |  | 2.3 STREET                      | ADDRESS            | ·   |                              |   |                            |
| COTY-SC ZIF                               | JACKSONVILLE, FL 00000   | <br>                           |  | 2 4 CiTY-                       | ST-ZIP             | i,  |                              |   |                            |
| TITLE                                     |  |                                | DELETE                                       | 31 TITLE                        |                    |   | ι                            | Change                                  | Addition                   |
| NAME                                      |  |                                |  | 32 NAME                         |                    |   |                              |   |                            |
| STREET ADDRESS                            |  |                                |  | 3.3 STREE                       | ADDRESS            |   |                              |   |                            |
| CHTY-ST-765                               |  |                                |  | 34. CITY-                       | ST-ZIP             |   |                              |   |                            |
| TiTLE                                     |  |                                | DELETE                                       | 4.1 TITLE                       |                    | VI A  |                              | Change                                  | Addition                   |
| NAME                                      |  |                                |  | 4. 2 NAME                       |                    | M , 1/4   |                              |   |                            |
| STREET ADDRESS                            |  |                                |  | 4.3 STREE                       | T ADDRESS          | ( \( \lambda \) ( \( \lambda \)   |                              |   |                            |
| CHTY+S1+ZIP                               |  |                                |  | 4.4 CiTY-                       |                    | ν' <i>'</i>   |                              |   |                            |
| III_E                                     |  |                                | DELETE                                       | 5.1 TITLE                       | ·                  |   | 1                            | Change                                  | Addition                   |
| NAME                                      |  |                                | <b>—</b>                                     | 5.2 NAME                        |                    |   | _                            | -                                       |                            |
|   |  |                                |  | 1                               | ADDRESS            |   |                              |   |                            |
| STREET ADDRESS                            |  |                                |  |                                 |                    |   |                              |   |                            |
| CITY - S1 - 7IP                           |  |                                | DELETE                                       | 5.4 CITY-                       | S1-ZIF             | 10000214  | 7077                         | * thanna                                | Addition                   |
| TITLE                                     |  |                                |  | 6.1 TITLE                       |                    | 1000210<br>-02/28/97010<br>***165.00  |                              | ヺヹ゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚ | L. Addicyll                |
| NAME                                      |  |                                |  | 6.2 NAME                        | :                  | -05/50/3101   | 115A1                        | Ţ                                       |                            |
| STREET ADDRESS                            |  |                                |  | 6.3 STREE                       | T ADDRESS          | <b>ホホホ10</b> つ。UU   |                              |   |                            |
| a.s. aa.                                  |  |                                |  | C 4 CITY                        | OT 710             |   |                              |   |                            |

14. I do 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: