

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 430901 (9)
1. Corporation Name
CUSTOM WHOLESALE FLOORS INC.



Principal Place of Business

Mailing Address

2020 NW 23 STREET
MIAMI FL 33142

2020 NW 23 STREET
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1973

4. FEI Number

59-1488464

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

2. Principal Place of Business

21 6950 Phillips Hwy Ste 37
Suite, Apt. #, etc.

22 37
City & State

23 Jacksonville FL
Zip Country

24 32216 25 USA

2a. Mailing Address

26 6950 Phillips Hwy
Suite, Apt. #, etc.

27 37
City & State

28 Jacksonville FL
Zip Country

29 32216 30 USA

9. Name and Address of Current Registered Agent

DUPREE, JOSEPH H

2020 NW 23RD ST 6950 Phillips Hwy Ste 37
MIAMI FL 33142 Jacksonville FL 32216

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME DUPREE, JOSEPH H
STREET ADDRESS 17024 SW 60TH CT 956 Birdwood DR
CITY-ST-ZIP MIAMI FL Orange Park FL 32073

TITLE ST ☐ DELETE
NAME DUPREE, THOMAS O.H., JR
STREET ADDRESS 2090 N.W. 23RD ST 2949 Track Rock Church Rd
CITY-ST-ZIP MIAMI FL Blairsville, GA 30512

TITLE V ☐ DELETE
NAME DUPREE, SUSAN 2949 Track Rock Church Rd
STREET ADDRESS 2090 NW 23 ST
CITY-ST-ZIP MIAMI FL Blairsville GA 30512

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET 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 119.07(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

[Signature]

1/6/98

(904)281-0303

CR2E034 (10/97)