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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 530015

WEST COAST FLOORING AND INTERIORS, INC.

## **FILED** May 06 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address  1115 N.W. 4TH AVE							
1115 N.W. 4TH AVE OCALA FL 34475 US		1115 N.W. 4TH AVE	E				
		OCALA FL 34475 US			DO NOT WRITE IN THIS SPACE		
		• •			3. Date Incorporated or Qualifie	od	
					03/24/1977		
2. Principal Place of Business		<del>                                     </del>	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #, etc.			Suite, Apt. #. etc.		59-1721774		Not Applicab
	m1 4.0.	27	<b>.</b>		5. Certificate of Status Desired	1 1 7	5 Additional Regulred
City & State	9	City & State		<del></del>	6. Election Campaign Financing	<del></del>	May Be
3		28			Trust Fund Contribution		ed to Fees
Zip	Country	Žip	Country		8. This corporation owes or has	paid the currept year	Intangible
<u> </u>	25	29	30		Personal Property Tax due Ju		☐ No
	9, Name and Address of C	urrent Hegistered Agent	81 1	Mana	10. Name and Address of New	Registered Agent	
HIII	CHCOCK, CYNTHIA		[8]	Name			
	)1 <b>\$</b> .W. 4th avenue <b>Ala</b> fl 34474		82 3	Street Addre	ess (P.O. Box Number is Not Accept	table)	
00	MLM FL 34474		83			······································	
			84 (	Dity		FL 85 Z	p Code
1. Pursuant t	to the provisions of Sections 60	7.0502 and 607.1508, Florida §	Statutes, the above-n	amed corpo	oration submits this statement for the on's board of directors. I hereby acc	e purpose of changing	its registere
office or re	egistered agent, or both, in the manifer with, and accept the	State of Florida, Such change obligations of Section 607,050	was authorized by th	ie corporatio	on's board of directors. I hereby acc	cept the appointment	as registered
		eningament of pootion conto	20, 1 torica orandica.				
IGNATURE .	Signature, lyped or pented name of register	red agent and tele if applicable	(NOTE Registered Agent s	ignalure required	o when reinstating)	DATÉ	<del></del>
IGNATURE	OFFICER	S AND DIRECTORS	13.	signature required	o when reinstating) ADDITIONS/CHANGES TO OFF		ORS IN 12
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