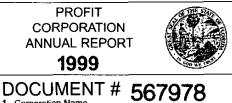
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

DIVISION OF CORPORATIONS

## May 07, 1999 8:00 am Secretary of State Secretary of State

05-07-1999 90057 020 \*\*\*150.00

FILED

1. Corporation Name SPRAGGINS FLOORING CENTER, INC. Mailing Address Principal Place of Business 3815 SILVER STAR ROAD 3815 SILVER STAR ROAD ORLANDO FL 32808 ORLANDO FL 32808 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/01/1978 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 59-1810546 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country This corporation owes the current year Intangible Zip Country □No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SPRAGGINS, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 2586 N ORNAGE BLOSSOM TRAIL ORLANDO FL 32804 83 84 85 Zip Code City 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 signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Addition ☐ DELETE 1.1 TITLE ☐ Change TITLE SPRAGGINS, MICHAEL L 1.2 NAME NAME 4 EAST HARVARD ST. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY+ST-ZIP Addition Change SDT ☐ DELETE 2.1 TITLE TITLE SPRAGGINS, MARGARET M 22 NAME NAME 4 EAST HARVARD ST. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE SPRAGGINS, MICHAEL L JR. 3.2 NAME NAME 2909 WESTCHESTER AVE. 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE POWERS JR. DANIEL L 4, 2 NAME NAME STREET ADDRESS 13 OAK ST 4.3 STREET ADDRESS YALAHA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

407-255-4150

CR2E034 (11/98)