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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 575113

CAPITAL FLOOR COVERINGS, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90085 040 ***150.00



Principal Place	of Business	Mailing Address						
500 B-2 CAPITAL CIRCLE SE TALLAMASSE FL 32301		500 B-2 CAPITAL CIRCLE SE	:					
		TALLAHASSE FL 32301			DO NOT WE	RITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed			
					06/03/1978	•		
6 D : 1 - 1 DI		2a. Mailing Address			4. FEI Number		A	pplied For
2. Principal Pia	ace of Business	<u> </u>			59-1829372		N	ot Applicable
21	# ata	Suite, Apt. #, etc.					\$8.75	Additional
Suite, Apt. #	e, etc.				5. Certifcate of Status Desired		Fee R	equired
City & State		City & State	·		6. Election Campaign Financing		\$5.00	May Be
	•	28			Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Countr	·	8. This corporation owes the cu	rrent year Intar	ngible	
	25		30	•	Personal Property Tax.		☐Yes	□No
24	9. Name and Address of Curre		50 1		10. Name and Address of New	Registered A	gent	
	3. Name and Address of Garro		81	Name				ŀ
NETTLES, PATRICIA A					the O. C. Day Mumber in Net Accor	table)		
	DOOMAR DR.		82	Street A	ddress (P.O. Box Number is Not Accep	navia)		
TALLAHASSEE FL 32308			83	3				
							Tall 5:-	0-4-
			84	City		FL	85 Zip	Code
44 5	the applicant of Sections 607.05	02 and 607 1508 Florida Statute	s the abov	/e-named co	orporation submits this statement for the	e purpose of c	hanging it	s registered
office or re	onictored agent of both in the Stati	e of Fiorida. Such change was au	ilnonzeu Di	I file corbor	ation's board of directors. I hereby acc	ept the appoint	tment as r	egistered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statute	S .				
SIGNATURE	Signature, typed or printed name of registered ag	east and title if conlicable (NOTE:	Registered Ans	ent signature reg	uired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AND	DIRECT	ORS IN 12
TITLE	PSOWEII	DELETE	1.1 TITLE		Dala's in A	Saa	Change	☐ Addition
	NETRES, PATRICIA A		1.2 NAME		Patricia P	$-\omega_{\omega_0}$	ల//	
NAME	1810 DOOMAR DR			ET ADDRESS	ماملاتم		i	
STREET ADDRESS	TALLAHASSEE FL 32308				/ N / N / N / N / N / N / N / N / N / N	ryne		
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MILE		□ DELETE	1.4 CITY-		Patricia A address Sa	7777	☐ Change	
	VP	☐ DELETE	2.1 TITLE		allines Sa	7117		
NAME	VP SOWELL, T. L.	☐ DELETE	2.1 TITLE 2.2 NAME		all mes so	7777		
STREET ADDRESS	VP Sowell, T. L. 1810 Doomar Dr	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREI	ET ADDRESS	all ness Sa	7,,,,		
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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 with all other like empowered.

SIGNATURE