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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 629331

(0)

MCCANN CARPET SERVICE, INC.

|   |   |   |                                 |                              |                  |                                    | <b>i</b> 1018 i 1178: III i | <u> </u>                   | JIAN BIAN KET           |        |
|---|---|---|---------------------------------|------------------------------|------------------|------------------------------------|-----------------------------|----------------------------|-------------------------|--------|
| Principal Place of Business Mailing Address                                 |   |   |                                 |                              |                  | FIGURE STATE STATE STATE           | O COROLO DICORE DI DI       | ANNES DEBIN BEDIN BIRN     | ONDIN CIENT NOBL        |        |
| 1002 E. SHELL PT. RD. P.O. BOX 3647<br>RUSKIN FL 33570 APOLLO BEACH F<br>US |   |   |                                 | -3647                        |                  |                                    |                             |                            |                         |        |
|   |   |   |                                 |                              |                  | 3. Date Incorporated c 07/11/1979  | r Qualified                 | 3a. Date of La<br>01/23/19 |                         |        |
| 2. Principal P  | Place of Business   | 2a. Mailing                               | Address                         | <del></del>                  | <del></del>      | 4. FEI Number                      |                             | 1 01/20/10                 | Applied For             | -      |
| 21  |   | 26  |                                 |                              |                  | 59-1917575                         |                             | <u> -</u>                  | Not Applicable          | ie.    |
| Suite, Apt.   | #, etc.   |   | pt. #, etc.                     |                              |                  |                                    |                             | □ \$8.°                    | 75 Additional           | ~      |
| 22  |   | 27  |                                 |                              |                  | 5. Certificate of Status           | Desired                     | 1 1                        | e Required              |        |
| City & Stat   | 00  | City & S                                  | State                           |                              |                  | 6. Election Campaign f             | inancing                    | \$5.                       | 00 May Be               | $\neg$ |
| 23  | ···   | 28  |                                 | ,                            |                  | Trust Fund Contribut               | ion                         |                            | ded to Fees             |        |
| Zip   | Country   | Zip                                       |                                 | Count                        | ry               | 8. This corporation has            |                             |                            | ler s. 199.032,         |        |
| 24  | 25  | 29  |                                 | 30                           |                  | Florida Statutes                   |                             | Yes No                     |                         | _      |
|   | 9. Name and Address of Curre  | ii negistered At                          | ieur                            | 8                            | 1 Name           | 10. Name and Address               |                             | istered Agent              |                         |        |
|   | CANN III, EDWARD J  |   |                                 |                              | 4                | EDWARD JMCCANN.                    |                             |                            |                         |        |
|   | 120 Laraway Drive<br>Erview FL 33569  |   |                                 | 6                            | 2 Street A       | Address (P.O. Box Number is N<br>2 | of Acceptabl                | (e)                        |                         |        |
| LALA  | ENVIEW PL 00009   |   |                                 | B                            |                  | C DENNEY MOOK DE                   | 115                         |                            | <del></del>             |        |
|   |   |   |                                 | Ļ                            |                  |                                    | ·····                       |                            |                         |        |
|   |   |   |                                 | В                            |                  | IVERVIEW                           |                             | FL   65   3                | Zip Code<br><b>3569</b> |        |
| 11. Pursuant  | to the provisions of Sections 607.050   | 02 and 607.1508,                          | Florida Statute                 | es, the abo                  | ve-named r       | corporation submits this statem    | ent for the pu              | urnose of changi           | na ite registoro        | d      |
| onice or r<br>agent i a   | registered agent, or both, in the State<br>im familiar with, and accept the oblig | e of Florida. Such<br>jations of, Section | change was a<br>n 607.0505, Fic | iuthorized l<br>irida Statut | by the corposes. | oration's board of directors. I h  | ereby accep                 | t the appointmen           | it as registered        |        |
| SIGNATURE   |   |   |                                 |                              |                  |                                    |                             |                            |                         |        |
|   | Signature, typed or printed name of registered ag                                 |   | e (NOTI                         | Registered A                 | gent signature r | required when reinstating)         |                             | DATE                       |                         |        |
| 12.   |   | D DIRECTORS                               | DELETE                          | 13.                          |                  | ADDITIONS/CHANGE                   | S TO OFFICE                 |                            |                         | _      |
| THTLE   | S NOOANIN KENNI   |   | ☐ DELETE                        | 1.1 TITLE                    |                  |                                    |                             | L Cha                      | nge Additio             | 'n     |
| NAME<br>OTREST ARRESTS  | MCCANN, KEVIN   |   |                                 | 1.2 NAM                      |                  |                                    |                             |                            |                         |        |
| STREET ADDRESS  | 834 BUNKER VIEW DRIVE   |   |                                 |                              | et address       |                                    |                             |                            |                         | ı      |
| CITY-ST-ZIP<br>TITLE  | APOLLO BEACH FL   |   | DELETE                          | 1.4 CITY<br>2.1 TITLE        |                  |                                    |                             | Cha                        | non Addisa              |        |
| NAME  | BAIRD, LARRY  | !   | L. J DECETE                     | 2.1 HILE<br>2.2 NAM          |                  |                                    |                             | U:N                        | nge L. Additio          | AT     |
| STREET ADDRESS  | 11536 NEWELL DRIVE  |   |                                 |                              | ET ADDRESS       |                                    |                             |                            |                         |        |
| CITY-ST-ZIP   | PORT RICHEY FL  |   |                                 |                              |                  |                                    |                             |                            |                         |        |
| TITLE   | P   |   | DELETE                          | 2. 4 CITY<br>3.1 TITLE       |                  |                                    |                             | Cha                        | nge 🔲 Additio           | ın.    |
| NAME  | MCCANN IN, EDWARD J   | '   |                                 | 3.2 NAM                      |                  |                                    |                             | J. J. G.                   | -p- h risymu            | •      |
| STREET ADDRESS  | 13420 LARAWAY DRIVE   |   |                                 |                              | ET ADDRESS       |                                    |                             |                            |                         |        |
| CiTY - ST - ZIP   | RIVERVIEW FL  |   |                                 | 3.4. Cily                    |                  |                                    |                             | /                          |                         |        |
| TITLE   | T   |   | <b>X</b> DELETE                 | 4.1 TiTLE                    |                  | TRES.                              |                             | Cha                        | nge Additio             | n      |
| NAME  | BRAGG, CLIFFORD   |   |                                 | 4. 2 NAM                     | F I              | EDWARD J M                         | CANN                        | 111.                       |                         |        |
| STREET ADDRESS  | 515 RED MANGROVE LANE   |   |                                 | 4.3 STRE                     | ET ADDRESS .     | 11412 DONNEY MOOR                  | DRIVE                       |                            |                         |        |
| CITY - ST - ZIP   | APOLLO BEACH FL   |   |                                 | 4.4 CITY                     | ST - ZiP         | RIVERVIEW FI. 3356                 | 9                           |                            |                         |        |
| TITLE   |   |   | DELETE                          | 5.1 TITLE                    |                  |                                    |                             | Cha                        | nge Additio             | on .   |
| NAME  |   |   |                                 | 5.2 NAM                      | :                |                                    |                             |                            |                         |        |
| STREET ADDRESS  |   |   |                                 | 5.3 STRE                     | ET ADDRESS       |                                    |                             |                            |                         |        |
| CITY - ST - ZIP   |   |   |                                 | 5.4 CITY                     | -ST-ZIP          |                                    |                             |                            |                         |        |
| TITLE   |   |   | DELETE                          | 6.1 TITLE                    |                  |                                    |                             | Cha                        | nge 🔲 Additio           | n      |
| NAMé  |   |   |                                 | 6.2 NAM                      | :                |                                    |                             |                            |                         |        |
| STREET ADDRESS  |   |   |                                 | 6.3 STRF                     | ET ADDRESS       |                                    |                             |                            |                         |        |

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:

Cavard M Came II EDWARD J. MCHNN II

1-10-97 (813)645-2787

**FILED** 

Jan 22 1997 8:00am

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Secretary of State