PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 666549

DAWSON WALLCOVERINGS & CARPET, INC.						
Principal Place of Business	Mailing Address					
5521 S. ORANGE AVE. ORLANDO FL 32809	5521 S. ORANGE AVE. ORLANDO FL 32809					

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90103 005 ***150.00



						- F 100310 84118 01110 01101 83111 01014 1811 01014 33011 01011 01011 01011 01011
Principal Place	of Business	Mailing Address				
5521 S. ORANGE	E AVE.	5521 S. ORANGE AVE.				
ORLANDO FL 32		ORLANDO FL 32809				DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualifed
						04/11/1980
	- Duelage	2a. Mailing Address				4. FEI Number Applied For
	ace of Business					59-1998340 Not Applicable
21		Suite, Apt. #, etc.				_ \$8.75 Additional
Suite, Apt. #	ŧ, etc.	<u>⊢</u> ¬ '				5. Certifcate of Status Desired Fee Required
22		City & State				6. Election Campaign Financing \$5:00 May Be
City & State	•	⊢ ¬ ′				6. Election Campaign Financing Trust Fund Contribution Added to Fees
23	Country	Zip	Coun	try		8. This corporation owes the current year Intangible
Zip	Country	⊢ ′	30	.,		Personal Property Tax.
24	9. Name and Address of Currer	29 29 Agent	1301			10. Name and Address of New Registered Agent
	9. Name and Address of Curren	it Registered Agent		B1	Name	
DAW	SON RICHARD		L	_		O D D Mark as in Net Assentable)
DAWSON, RICHARD 4925 S. FERNCREEK AVE.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
	ANDO FL 32806		-	83		
Uni	4NDO FL 32000			ا		
				84	City	FL 85 Zip Code
	·					its this statement for the purpose of changing its registered
11. Pursuant office or reagent. I as	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Statu	by tes.	the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE			TE: Registered /	Agen	t signature require	ed when reinstating) DATE
	Signature, typed or printed name of registered ago	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		DELETE	1.1 TIT	LE.		☐ Change ☐ Addition
TITLE	PD DAWCON DICHARD		1.2 NA	ME		
NAME !	DAWSON, RICHARD		I		T ADDRESS	
STREET ADDRESS			1.4 CIT			<u> </u>
CITY-ST-ZIP	ORLANDO FL	DELETE	2,1 TIT		1-ZIF	☐ Change ☐ Addition
TITLE	STD		2.2 NA			
NAME	DAWSON, MERRY L.				Z ADDDCCC	
STREET ADDRESS	4925 S. FERNCREEK AVE.				T ADDRESS	
CITY-ST-ZIP	ORLANDO FL	Поссте	2.4 CI		ST-ZIP	Change Addition
TITLE		DELETE	3.1 TIT			
NAME			3.2 NA			
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP					ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TIT			
NAME			4.2 N			
STREET ADDRESS			4.3 ST	REE	T ADDRESS	
CITY-ST-ZIP				_	ST-ZIP	☐ Change ☐ Addition
TITLE		DELETE	5.1 TI		ļ	☐ Ottalige ☐ Addition
NAME			5.2 N/			
STREET ADDRESS	s		5.3 \$1	REE	TADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE		DELETE	6.1 TI	TLE		Change Addition
NAME			6.2 N	AME		
			6.3 S ¹	TREE	ET ADDRESS	
STREET ADDRESS	°[640	TV 6	פול זום	

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: