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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F21474** **(4)**

1. Corporation Name

MCCANN'S FLOOR COVERINGS, INC.

Principal Place of Business

12506 WEXFORD HILLS ROAD
RIVERVIEW FL 33569

Mailing Address

12506 WEXFORD HILLS ROAD
RIVERVIEW FL 33569

3. Date Incorporated or Qualified: **02/27/1981**

3a. Date of Last Report: **01/13/1995**

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

4. FEI Number: **59-2773265** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCANN, MARIE
12506 WEXFORD HILLS RD
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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 (Required if this is a change of registered agent.) (Typed or printed name of registered agent and title if agent is corporation.) (Registered Agent signature required for reinstatement.) DATE

12. OFFICERS AND DIRECTORS

TITLE: DS
NAME: MCCANN, MARIE
STREET ADDRESS: 12506 WEXFORD HILLS ROAD
CITY-ST-ZIP: RIVERVIEW, FL 00000
☐ DELETE

TITLE: DP
NAME: MCCANN, EDWARD J
STREET ADDRESS: 12506 WEXFORD HILLS ROAD
CITY-ST-ZIP: RIVERVIEW, FL 00000
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP — ☐ Change ☐ Addition

2 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP — ☐ Change ☐ Addition

3 TITLE / 3 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP — ☐ Change ☐ Addition

4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP — ☐ Change ☐ Addition

5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP — ☐ Change ☐ Addition

6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP — ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Marie McCann Pres. **1/18/96** **(813) 677-4041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARIE McCANN PRES

CR2E034 (12/95)