

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

FILED  
Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90007 019 \*\*\*150.00

|                                                       |                                                                                   |                                                                                                          |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # F26823

1. Corporation Name  
**STINSON CARPETS, INC.**

Principal Place of Business  
**2110 EDENFIELD PL.  
LAKELAND FL 33801**

Mailing Address  
**2110 EDENFIELD PL.  
LAKELAND FL 33801**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/13/1981**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

**59-2074442**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**STINSON, JAMES W.  
2110 EDENFIELD PL  
LAKELAND, FL**

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 607.0502 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
STINSON, JEAN  
2909 REDWOOD AV  
LAKELAND, FL 00000**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
STINSON, JAMES W  
2909 REDWOOD AVE.  
LAKELAND, FL 00000**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
STINSON, RICHARD  
820 SPICEWOOD  
LAKELAND, FL 00000**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
STINSON, RONALD  
1030 WATEREDGE DR  
LAKELAND, FL 00000**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
STINSON, RANDAL  
2611 HIGHLAND VUE CT  
LAKELAND FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
**T Stinson, Richard  
1239 Waterford Dr.  
Lakeland, FL 33803**  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
**2  
LAKELAND, FL 33803**  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**Jean Stinson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5. 1/5/99 941-665-4434**

CR2E034 (11/98)

0429273