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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F93000003261 (5)

SAM KINNAIRD'S FLOORING OUTLET, INC.

FILED Apr 16 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				2		36 111 38788 4118 17879 63781 1181 1881
1 '		o .	· ·			
4343 POPLAR LEVEL ROAD LOUISVILLE KY 40213		4343 POPLAR LEVEL ROAD LOUISVILLE KY 40213-1833				
					3. Date Incorporated or Qualified 07/08/1993	3a. Date of Last Report 03/18/1996
	Place of Business	2e. Mailing Address	a. Mailing Address		4. FEI Number	Applied For
the state of the s		26		61-1162611 Not Applicable		
		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 28		City & State			6. Election Campaign Financing 5. Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zιp	Cour	ilry	8. This corporation has liability for in	nlangible tax under s. 199.032,
24	25	29	30			Yes 🔀 No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	Istered Agent
	NAIRD, SAM		[81 Name		
4301 N. OCEAN BLVD			ļ	82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
A-401 SEA RANCH CLUB				83		
BOCA RATON FL 33431				63		
]			Ì	B4 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 pointed name of registered agen	and the flappleable (NO	HE: Begistered	Agen signatule requ	uired when reinstating)	[IA]
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	P	☐ DELETE	11101	l F		Change Addition
NAME	KINNAIRD, SAM		1.2 NAI	ME		7
STREET ADDRESS			1.3 \$16	REEL ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431			Y-\$1-20°		
TITLE	V	DELETE	2.1 101			Change Addition
NAME	MUDD, JIM		2.2 NAI			
STREET ADDRESS	9802 FOUR SEASONS LANE		1	HEET ADDRESS	•	
CITY-ST-ZIP	LOUISVILLE KY 40241	DELFTE		IY-SI-7P		Charas D'Addition
TITLE	S VINNAIDO DAT		3.1 TITE			Change
NAME CTOTET ADDRESS	KINNAIRD, PAT 4301 N. OCEAN BLVD., A-401 S	SEA RANCH CITIE	3.2 NAM			
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33431	APV LIVITALLI OFOR	1	EFFADORESS		
TITLE	DOOK INTOIT TE BOTO!	☐ DELETE	3.4. CH	Y-ST-7IP		Change Addition
NAME		Land 2.116 16	4 2 NA	1		Em consider Em Andrew
STREET ADDRESS				REEL ADDRESS		
CITY-ST-ZIP			ı	Y · S1 · 7/P		
TITLE		DELETE	5.1 1111			Change Addition
NAME			5.2 NAN	1		
STREET ADDRESS				EL1 ADDRESS		
CITY-ST-ZIP		•		Y-\$1.710		
TITLE		DELFIE	6.1 1110			Change Addition
NAME			6.2 NA	vit		
STREET ADDRESS	÷ 5.		6.3 S18	EET ADDRESS		
CITY - ST - ZIP	· .		6.4 Cit	Y - \$1 - ZIP		

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 earth; 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.