SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000005674 (7)

WALLUM FLOORS INC.

FILED Sep 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 335 GROVE ST. 335 GROVE ST. NEW MILFORD NJ 07646-1822 NEW MILFORD NJ 07648-1822 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/15/1993 03/29/1996 2a. Mailing Address Applied For 2. Principal Place of Business worth Worth 26 Not Applicable 22-3147261 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State **\$5.00** May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible USB Personal Properly Tax due June 30. ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALLUM, CLIFFORD C 106 COUNTRY CLUB DR. Street Address (P.O. Box Number is Not Ac **B2** LAKE PLACID FL 33852 City 85 Zip Code 32670 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corp. office or registered agent, or both, in the State of Florida. Such change was authflized by the corporating agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. oration submits this statement for the purpose of changing its registered or's board didictoriors. I hereby accept the appointment as registered SIGNATURE of registered agont and life if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Acdition TITLE 1.1 TIRE Change WALLUM, ROBERT J NAME 1.2 NAME 335 GROVE ST. STREET ADDRESS 1.3 STREET ADDRESS **NEW MILFORD NJ 07646** CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - S1 - ZIP CITY-ST-ZIP DELETE Change noilit bA TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZiP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY-ST-ZIP 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 logal 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 charged, or on an attachment with an address.