

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001757 (2)

1. Corporation Name

FINE LINE FLOORS, INC.

FILED

96 NOV 27 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 9600

Principal Place of Business

12259 MARBON ESTATES LANE EAST
JACKSONVILLE FL 32223

Mailing Address

12259 MARBON ESTATES LANE EAST
JACKSONVILLE FL 32223

3. Date Incorporated or Qualified
04/12/1995

3a. Date of Last Report

2. Principal Place of Business

21 12510 SAN JOSE BLVD

Suite, Apt. #, etc.

2a. Mailing Address

25 12510 SAN JOSE BLVD

Suite, Apt. #, etc.

4. FEI Number

31-1418272

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes

☐ Yes ☐ No

22 City & State

23 JACKSONVILLE FL

Zip

Country

24 32223

27 City & State

28 JACKSONVILLE FL

Zip

Country

29 32223

30

9. Name and Address of Current Registered Agent

HAWKINS, ROBERT T
12259 MARBON ESTATES LANE EAST
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name
NANCY HURST

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

12510 SAN JOSE BLVD

83

84 City

JACKSONVILLE

FL

85 Zip Code

32223

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

Signature of Registered Agent required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☒ DELETE
NAME	COREY, RALPH E	
STREET ADDRESS	P.O. BOX 625	
CITY-ST-ZIP	CRAWFORDSVILLE IN	
TITLE	STD	☒ DELETE
NAME	COREY, MARTA J	
STREET ADDRESS	P.O. BOX 625	
CITY-ST-ZIP	CRAWFORDSVILLE IN	
TITLE	VO	☒ DELETE
NAME	HAWKINS, ROBERT T	
STREET ADDRESS	12259 MARBON ESTATES LANE EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	☒ Change ☐ Addition
1.2 NAME	NANCY HURST	
1.3 STREET ADDRESS	2568 SIGMA COURT	
1.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
2.1 TITLE	VO	☒ Change ☐ Addition
2.2 NAME	CHADWICK R. STAPLES	
2.3 STREET ADDRESS	2558 SIGMA COURT	
2.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
3.1 TITLE	STD	☒ Change ☐ Addition
3.2 NAME	MARK STAPLES	
3.3 STREET ADDRESS	2558 SIGMA COURT	
3.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(a), 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 of an attachment with an address.

SIGNATURE: X NANCY S. HURST

7/27/96

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