

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.)

FILED
Aug 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000381 (1)

1. Corporation Name

BAILEY & ROBERTS FLOORING INC.

Principal Place of Business

5801 MIDDLEBROOK PIKE
KNOXVILLE TN 37921

Mailing Address

5801 MIDDLEBROOK PIKE
KNOXVILLE TN 37921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1996

3a. Date of Last Report

4. FEI Number

62-1295940

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SIMPSON, JOHN F
705 SCENIC DR., #90
PENSACOLA FL 32514

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	PDC	<input type="checkbox"/> DELETE
NAME	BAILEY, DOUGLAS W	
STREET ADDRESS	5801 MIDDLEBROOK PIKE	
CITY-ST-ZIP	KNOXVILLE TN 37921	

TITLE	VSDC	<input type="checkbox"/> DELETE
NAME	ROBERTS, MICHAEL D	
STREET ADDRESS	5801 MIDDLEBROOK PIKE	
CITY-ST-ZIP	KNOXVILLE TN 37921	

TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	MCGINNIS, KEN	
STREET ADDRESS	5801 MIDDLEBROOK PIKE	
CITY-ST-ZIP	KNOXVILLE TN 37921	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, LEIGH S	
STREET ADDRESS	5801 MIDDLEBROOK PIKE	
CITY-ST-ZIP	KNOXVILLE TN 37921	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, BETTYE T	
STREET ADDRESS	5801 MIDDLEBROOK PIKE	
CITY-ST-ZIP	KNOXVILLE TN 37921	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS P LEAHY	
3.3 STREET ADDRESS	210 TOWNPARK DR	
3.4 CITY-ST-ZIP	KENNESAW, GA 30144	

4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GENE HARPER	
4.3 STREET ADDRESS	210 TOWNPARK DR	
4.4 CITY-ST-ZIP	KENNESAW, GA 30144	

5.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AJ NASSAR	
5.3 STREET ADDRESS	210 TOWNPARK DR	
5.4 CITY-ST-ZIP	KENNESAW, GA 30144	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Gene Harper 8/6/97 (770) 590-9369

CR2E034 (4/97)