

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

MAY 11 1996

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

**DOCUMENT # H60074 (2)**

1. Corporation Name

**ROMAN FLOOR FINISHING COMPANY, INC.**

Principal Place of Business

**C/O DARCEL JEAN  
3251 WICKERSHAM COURT  
ORLANDO FL 32806**

Mailing Address

**C/O DARCEL JEAN  
3251 WICKERSHAM COURT  
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

**05/30/1985**

3a. Date of Last Report

**03/15/1994**

4. FBI Number

**59-2586594**

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 has liability for intangibles tax under S. 193.032,  
Florida Statutes.

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DARCEL, JEAN R.  
3251 WICKERSHAM COURT  
ORLANDO FL 32806-3357**

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 Section 193.032, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, the law of the State of Florida.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Registered Agent or Designated Agent)

86

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                         |
|--------------------|-------------------------------------------------------------------------|
| 1. NAME            | <b>PST<br/>DARCEL, JEAN R.<br/>3251 WICKERSHAM COURT<br/>ORLANDO FL</b> |
| 2. STREET ADDRESS  |                                                                         |
| 3. CITY            |                                                                         |
| 4. NAME            |                                                                         |
| 5. STREET ADDRESS  |                                                                         |
| 6. CITY            |                                                                         |
| 7. NAME            |                                                                         |
| 8. STREET ADDRESS  |                                                                         |
| 9. CITY            |                                                                         |
| 10. NAME           |                                                                         |
| 11. STREET ADDRESS |                                                                         |
| 12. CITY           |                                                                         |
| 13. NAME           |                                                                         |
| 14. STREET ADDRESS |                                                                         |
| 15. CITY           |                                                                         |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS  |                                                                   |
| 3. CITY            |                                                                   |
| 4. NAME            |                                                                   |
| 5. STREET ADDRESS  |                                                                   |
| 6. CITY            |                                                                   |
| 7. NAME            |                                                                   |
| 8. STREET ADDRESS  |                                                                   |
| 9. CITY            |                                                                   |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY           |                                                                   |
| 13. NAME           |                                                                   |
| 14. STREET ADDRESS |                                                                   |
| 15. CITY           |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.032, Florida Statutes. Further, I 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 recipient of trustee responsibility to make this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

**SIGNATURE:**

*x Jean Darcel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JEAN DARCEL**

**x5-2-95**

**407-800-1610**