

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H84097** (5)

1. Corporation Name

GRANT'S FLOOR COVERING INCORPORATED



Principal Place of Business

**1531 BREWER ROAD
N. FORT MYERS FL 33917**

Mailing Address

**1531 BREWER ROAD
N. FORT MYERS FL 33917**

3. Date Incorporated or Qualified
11/05/1985

3a. Date of Last Report
11/13/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GRANT, JIMMY D.
1179 BISCAYNE DRIVE
NORTH FORT MYERS FL 33903**

81

Name

Carolyn L. Grant

82

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

1531 Brewer Rd.

83

84

City

N. Fort Myers

FL

85 Zip Code

33917

11. Pursuant to the provisions of Sections 607.0102 and 607.1503, 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

Carolyn L. Grant

Attest: Registered Agent's not required unless removing.

June 25, 1996

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☒ DELETE
DP	GRANT, JIMMY D.	1179 BISCAYNE DRIVE	N. FORT MYERS FL	
DST	GRANT, CAROLYN L.	1179 BISCAYNE DRIVE	N. FORT MYERS FL	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☒ Change ☐ Addition
P/S/T	GRANT, Carolyn L.	1531 Brewer Road	N. Fort Myers, FL. 33917	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

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)(k), 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: *Carolyn L. Grant* **Carolyn L. Grant**, June 25, 1996 941-543-8587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E034 (12/95)