FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 400.25 B 3968-

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H90132** **(2)**

1. Corporation Name
ABILITY FLOORING, INC.

Principal Place of Business	Mailing Address
102488 SILVER STAR RD. ORLANDO FL 32804	102488 SILVER STAR RD. ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2641488	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2941 STATEN Rd	26 2941 STATEN Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORLANDO, FL	28 City & State: ORLANDO, FL
24 Zip: 32804 25 Country: ORANGE	29 Zip: 32804 30 Country: ORANGE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NORBERG, COLIN A. 3213 E EAGLE BLVD. ORLANDO FL 32804	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	NORBERG, COLIN	1.2 NAME		
STREET ADDRESS	3213 E EAGLE BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V.	☒ Change ☐ Addition
NAME	~~WALDON, JOHN R~~	2.2 NAME	PRESTON C. HULL III	
STREET ADDRESS	~~3240 E EAGLE BLVD.~~	2.3 STREET ADDRESS	5311 PALE HORSE DR.	
CITY-ST-ZIP	~~ORLANDO FL~~	2.4 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	V	3.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	SCOVIL, RICHARD K., JR.	3.2 NAME	SCOVIL, RICHARD K. JR.	
STREET ADDRESS	~~6745 SHADY WILLOW~~	3.3 STREET ADDRESS	6207 COURTNEY CLOVE	
CITY-ST-ZIP	~~ORLANDO FL~~	3.4 CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	Sec.	4.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME		4.2 NAME	SUSAN P. NORBERG	
STREET ADDRESS		4.3 STREET ADDRESS	3213 E EAGLE BLVD	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		5.2 NAME	NORBERG CHARLES.	
STREET ADDRESS		5.3 STREET ADDRESS	2941 STATEN Rd	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 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 is voluntarily furnished and 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: C o L A. Norberg (COLIN A. NORBERG) 4-17-95 (407) 422 0169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Telephone Number

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