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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # J36321 (4)

1. Corporation Name

CARPETS OF CENTRAL FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1890 PROVIDENCE BLVD.<br>DELTONA FL 32725 | 1890 PROVIDENCE BLVD.<br>DELTONA FL 32725 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1986

3a. Date of Last Report: 04/22/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 Carpets of Central Fl Inc | 26 1890 Providence Blvd |
| Suite, Apt. #, etc. 22 M | Suite, Apt. #, etc. 27 M |
| City & State 23 Deltona FL | City & State 28 DELTONA FL |
| Zip 24 32725 Country 25 USA | Zip 29 32725 Country 30 USA |

4. FEI Number: 59-2724347 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| DISANO, JOSEPH J.<br>~~2041 KEYS LANE~~ 1128 Abeline dr<br>DELTONA FL 32~~8~~ 32725 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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, type 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 | PV | 11 TITLE | ☐ Change ☐ Addition |
| NAME | DISANO, JOSEPH J. | 12 NAME | 000001493050 |
| STREET ADDRESS | 2041 KEYS LANE 1128 abeline dr | 13 STREET ADDRESS | -05/18/95--01026--003 |
| CITY ST ZIP | DELTONA FL 32725 | 14 CITY ST ZIP | ****200.00 ****200.00 |
| TITLE | STD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | DISANO, JOSEPH J. | 22 NAME | |
| STREET ADDRESS | 2041 KEYS LANE 1128 Abeline Dr. | 23 STREET ADDRESS | |
| CITY ST ZIP | DELTONA FL 32725 | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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: Joseph J Disano Sr 4/15/95 904 789 6881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOSEPH J DISANO SR 904-789-6881

0048300 CP