

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 22 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1090 PROVIDENCE BLVD.
SUITE M
DELTONA FL 32725

Mailing Address

1890 PROVIDENCE BLVD.
SUITE M
DELTONA FL 32725-3879

3. Date Incorporated or Qualified

10/06/1986

3a. Date of Last Report

01/22/1996

4. FEI Number

59-2724347

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 1128 Abeline Drive

Suite, Apt. #, etc.

22

City & State

23 Deltona, Florida

Zip

24 32725

County

25 Volusia

2a. Mailing Address

26 P.O. Box 6487

Suite, Apt. #, etc.

27

City & State

28 Deltona, Florida

Zip

29 32725-6487

County

30 Volusia

9. Name and Address of Current Registered Agent

DISANO, JOSEPH J.
1890 PROVIDENCE BLVD. STORE
1128 ABELINE DR.
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

SAME

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 DISANO, JOSEPH J., Sr.

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

1-08-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PV ☐ DELETENAME DISANO, JOSEPH J.
STREET ADDRESS 1128 ABELINE DR
CITY - ST - ZIP DELTONA FL 32725TITLE STD ☐ DELETENAME DISANO, JOSEPH J.
STREET ADDRESS 1128 ABELINE DR
CITY - ST - ZIP DELTONA FL 32725TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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: JOSEPH J. DISANO, Sr. Joseph J. Disano, Sr. 1-08-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0066051

CR2E034 (9/96)