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95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J54801** **(2)**

1. Corporation Name
FLORIDA CONTRACT FLOORS, INC.

Principal Place of Business	Mailing Address
PO BOX 9547 PENSACOLA FL 2513 US	PO BOX 9547 PENSACOLA FL 32513 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1987**
3a. Date of Last Report: **04/04/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24: **32513** / 29
Country — 25 / 30

4. FEI Number: **59-2769482** ☐ 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

JONES, R. L.
5600 N DAVIS HWY
PENSACOLA FL 32503

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 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 _____ (Signature, typed or printed name of registered agent, and title if applicable) (Both Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change ☐ Addition	
NAME	JONES, R. L.	12 NAME		
STREET ADDRESS	2200 N. PALAFOX ST	13 STREET ADDRESS	5600 N. Davis Hwy.	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	STD	21 TITLE	☒ Change ☐ Addition	
NAME	JONES, MYRTICE E.	22 NAME		
STREET ADDRESS	2200 N. PALAFOX ST	23 STREET ADDRESS	5600 N. Davis Hwy.	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	VD	31 TITLE	☒ Change ☐ Addition	
NAME	JONES, R. W.	32 NAME		
STREET ADDRESS	2200 N. PALAFOX ST	33 STREET ADDRESS	5600 N. Davis Hwy.	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	Pensacola, FL 32503	
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: E. J. Jones - President 5/1/95 (904) 476-1995
SIGNATURE AND TITLE OR PRINTED NAME OF GRANDE OFFICER OR DIRECTOR — Date — Daytime Phone #
R.L. JONES

0400001 FP