FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT CORPORATION ANNULAL REPORT				FILED May 13 1998 8:00an		
ANNUAL REPORT		7.7	ary of State CORPORATIONS	Secretary of State		
FLORID	MENT # <b>J5480</b> DA CONTRACT FLOORS, I	NC.				
Principal Place of BusinessMailing AddressPO BOX 9547PO BOX 9547PENSACOLA FL 32513PENSACOLA FL 32513USUS				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
				01/29/1987		
Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 59-2769482	Applied For Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	J
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Country 30	<ol> <li>This corporation owes or has pair Personal Property Tax due June</li> </ol>	id the current year Intangible	
101	9. Name and Address of Curr NES, R. L.	rent Registered Agent	81 Name	10. Name and Address of New Re	sistered Agent	
	DO N DAVIS HWY			dress (P.O. Box Number is Not Acceptab	le)	
PE	NSACOLA FL 32503		83			
			84 City		B5 Zip Code	
1 Duraunat	to the provisions of Sections 607.0	602 and 607 1609 Elected State		rporation submits this statement for the p	FL	
office or r	registered agent, or both, in the Sta	ate of Florida, Such change was	authorized by the corpor	ation's board of directors. I bereby accord	dipose of changing its register	
•	am familiar with, and accept the ob	ligations of Section 607.0505, F	lorida Statutes.	ation's board of directors. I hereby accep	the appointment as registere	red ed
GNATURE	Signature, typed or pointed name of repistured	agent and title if applicable (NC	If Registered Agent signature req	uired when reinstating)	DATE	
GNATURE	Signature, typed or perited nume of numeric OFFICERS /	-			DATE	
GNATURE LE ME REET ADDRESS	Signature, typed or parted name of numerical OFFICERS / JONES, R. L. 5600 N DAVIS HWY	agent and title it applicable (NC ND DIRECTORS	ITF Registered Agrint signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREE1 ADDRESS	uired when reinstating)	DATE ERS AND DIRECTORS IN 12	ition
GNATURE R. LE ME REET ADDRESS IY-ST-ZIP	Signature, typed or prote diname of reactived OFFICERS / JONES, R. L. 5600 N DAVIS HWY PENSACOLA FL STD	agent and title it applicable (NC ND DIRECTORS	111 · Registered Agrint signature req <b>13.</b> 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE ERS AND DIRECTORS IN 12	ition
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