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Mar 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997

DOCUMENT # J61791

(6)

1. Corporation Name

CARPET COLOR OF CENTRAL FLORIDA, INC.

Principal Place of Business

940 CITRUS WOOD CT  
LONGWOOD FL 32750

Mailing Address

940 CITRUS WOOD CT  
LONGWOOD FL 32750-2795



2. Principal Place of Business

21 160 W. Evergreen

Suite, Apt. #, etc.

22 121

City & State

23 Longwood FL

Zip Country

24 32750

25

2a. Mailing Address

26 160 W. Evergreen

Suite, Apt. #, etc.

27 121

City & State

28 Longwood FL

Zip Country

29 32750

30

3. Date Incorporated or Qualified

03/09/1987

3a. Date of Last Report

04/19/1996

4. FEI Number

59-2784895

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

COPELAND, RICHARD W.  
631 PALM SPRINGS DR  
SUITE 108  
ALTAMONTE SPRING FL 32701

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 of Corporation (Name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME  
VAN KAAM, ROBERT  
STREET ADDRESS  
940 CITRUS WOOD CT  
CITY-STATE-ZIP  
LONGWOOD FL

12 TITLE ☐ DELETE

NAME  
VAN KAAM, GAYLA  
STREET ADDRESS  
940 CITRUS WOOD CT  
CITY-STATE-ZIP  
LONGWOOD FL

13 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

14 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

15 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

16 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 included 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:

*Gayla VanKam*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97 407-260-6430

Date

Daytime Phone #

0067400

CR2E034 (9/96)