Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K11330

Corporation Name     WILLINGHAM CARPET INSTALI						
Principal Place of Business	Mailing Address					
8957 SW 52ND PLACE COOPER CITY FL 33328	8957 SW 52ND PLACE COOPER CITY FL 33328			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 01/06/1988		
2. Principal Place of Business	2a. Mailing Address 26		4. FEI Number 59-2587722			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired   \$8.  Fe			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5			
Zip Country	Zip 29 3	Country		This corporation owes the current year Intangible     Personal Property Tax.     Yes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
WIBLE, ROY S.		81	Name Street Ad	dress (P.O. Box Number is Not Acceptable)		
16515 NW 27TH AVE			Julion Au	grade ( e. Ben radiilas, is radii ladapas)		
MIAMI FL		83				
		84	City	FL 85		
11. Pursuant to the provisions of Sections 6	07.0502 and 607.1508, Florida Statutes	, the above	e-named co	rporation submits this statement for the purpose of changing should be appointment;		

**FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90198 018 \*\*\*150.00



			1 1				
			84	City		FL 85 Zip	
office or re	to the provisions of Sections 607.0502 and 607.1 egistered agent, or both, in the State of Florida. S n familiar with, and accept the obligations of, Sec	auch change was auti	horized by	tne corporati	poration submits this statement for the ion's board of directors. I hereby access	purpose of changing its pt the appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if appl	icable. (NOTE: R	egistered Agen	signature requin	ed when reinstating)	DATE	
12.	OFFICERS AND DIRECTO	)RS	13.		ADDITIONS/CHANGES TO OF		
TITLE	PD	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	WILLINGHAM, ORICE L.		1.2 NAME				
STREET ADDRESS	8957 SW 52ND PLACE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY+ST	-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	WILLINGHAM. HELEN		2.2 NAME				
STREET ADDRESS	8957 SW 52ND PLACE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	COOPER CITY FL		2. 4 CITY-S	r-zip			
TITLE	D	☐ OELETE	3.1 TITLE		والمتاريخ المارية المارية المارية	- Change	Addition ·
NAME	WIBLE, ROY S.		3.2 NAME				
STREET ADDRESS	16515 NW 27TH AVE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S	r-zip			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME	-			ļ
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ļ.			
CITY-ST-ZIP			5.4 CITY-S1	-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			62 NAME				1
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST				
14 I hereby o	ertify that the information supplied with this filing	does not qualify for t	he exempti	on stated in	Section 119.07(3)(i). Florida Statutes.	I further certify that the	intormation

indicated on this annual report or supplied 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, with all other like empowered.