FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90187 039 \*\*\*150.00

## 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 # K16136

1. Corporation Name

CARSON	D. COULTER FLOOR AND	WALL HEIMG, INC.					
Principal Place	of Business	Mailing Address			1 19813111 201 11212 21121 1122 11112 2111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5736 Braden i Bradenton fl		5736 BRADEN RIVER RD BRADENTON FL 34203			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed	IIO OI AOL	
		4	<i>-</i> .		02/25/1988		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Ani	plied For
Z. Principar Pi	ace of business	26			65-0032945	L-+	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			_	\$8.75 A	
200101140	, olo.	27			5. Certificate of Status Desired -	Fee Red	
City & Stat	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23]		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible	
24	25	29 30	]		Personal Property Tax.		□No
	9. Name and Address of Curren	<del></del>			10. Name and Address of New Register	ed Agent	
			81	Name			
COULTER, MARY JANE				Street Addre	ess (P.O. Box Number is Not Acceptable)		
5736		82	0001				
BRAI	DENTON FL 34203		83				
			84	Cin		. 85 Zip C	'ode
			04	City	F	L   100   2.10 0	<i>,</i> 000
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	D DIRECTORS	jistered Age	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
TITLE	DELETE 1.1 T		1,1 TITLE			Change	☐ Addition
NAME	COULTER, CARSON D.	i	1.2 NAME	Ì			
STREET ADDRESS	5736 Braden River RD	•	1.3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE	D	DELETE 2.1 T				Change	Addition
NAME	OOCILI, MATE		2.2 NAME			•	
STREET ADDRESS	5736 BRADEN RIVER RD		2.3 STREE	TADORESS			
-CITY-ST-ZIP	BRADENTON FL		2. 4 CITY-5	ST-ZIP .	<u> </u>		Addition
TITLE	•	☐ DELETE	3.1 TITLE			☐ Change	☐ vagarion
NAME	·		3.2 NAME				
STREET ADDRESS	- e		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Change	Addition
TITLE	-	☐ DELETE	4.1 TITLE			Change	☐ wannon
NAME	ī	·	4.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		. □ SCIETE	4.4 CITY-5	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	
NAME		-	5.2 NAME	T 4000000	•		
STREET ADDRESS	<b>1</b>			T ADDRESS	•		
CITY-ST-ZIP		□ DELETE	.5.4 CITY-S 6.1 TITLE	01-ZIP		Change	Addition
TITLE -		☐ DELETE	6.2 NAME	ļ			☐ ₩
NAME				T ADDRESS	•		
STREET ADDRESS		i	0.3 S IKEE	I ADDRESS			

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP