

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K81923

(0)

1. Corporation Name

TODD JONES CARPET SERVICE, INC.

Principal Place of Business

TODD A. JONES
5493 SAN LUIS TERRACE
NORTH PORT FL 34287

Mailing Address

TODD A. JONES
5493 SAN LUIS TERRACE
NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/20/1989

3a. Date of Last Report

08/02/1994

4. FEI Number

65-0178391

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, TODD A.
5493 SAN LUIS TERRACE
NORTH PORT FL 34287

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.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	JONES, TODD A.	5493 SAN LUIS TERRACE	NORTH PORT FL
DV	JONES, JAMA L.	5493 SAN LUIS TERRACE	NORTH PORT FL
T	BETTERS, JASON	313 CAMELIA LANE APT 3	PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
☒ Change ☐ Addition			
		NEW 18431 CROMBIE AVE	PORT CHARLOTTE FL 33948
☒ Change ☐ Addition			
		to be taken off	
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION DATE