

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K81923** (0)

1. Corporation Name

**TODD JONES CARPET SERVICE, INC.**



Principal Place of Business

Mailing Address

18431 LAMONT AVE  
5493 SAN LUIS TERRACE  
PORT CHARLOTTE FL 33948  
US

18431 LAMONT AVE  
5493 SAN LUIS TERRACE  
PORT CHARLOTTE FL 33948  
US

3. Date Incorporated or Qualified

04/20/1989

3a. Date of Last Report

04/28/1995

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

2. Principal Place of Business

2a. Mailing Address

21 2536 119550V ST

26 2536 119550V ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 S91950T9 FL

28 S91950T9 FL

Zip Country

Zip Country

24 34231

25 US

29 34231

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2536 119550V ST

83

84 City S91950T9

FL

85 Zip Code 34231

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 D ☐ DELETE  
NAME JONES, TODD A.  
STREET ADDRESS 18431 LAMONT AVE  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE T ☒ DELETE  
NAME BETTERS, JASON  
STREET ADDRESS 313 CAMELIA LANE APT 3  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☒ Change ☐ Addition  
12 NAME Jones Todd A  
13 STREET ADDRESS 2536 119550V ST  
14 CITY-ST-ZIP S91950T9 FL 34231

21 TITLE T ☐ Change ☒ Addition  
22 NAME Thompson Robert W  
23 STREET ADDRESS 777 Old Englewood Rd  
24 CITY-ST-ZIP Englewood FL 34223

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Todd A. Jones

7-15-96

9-14-160

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)