

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90011 025 ***150.00

DOCUMENT # K82355

1. Corporation Name

ALOHA CARPETS & FLOOR COVERING, INC.



Principal Place of Business

11 POINSETTIA DRIVE
ORMOND BEACH FL 32179

Mailing Address

11 POINSETTIA DRIVE
ORMOND BEACH FL 32179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1989

4. FEI Number

59-2949575

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1726 S. NOVA RD

Suite, Apt. #, etc.

2a. Mailing Address

26 1726 S. NOVA RD.

Suite, Apt. #, etc.

City & State

23 DAYTONA BEACH FL.

Zip Country

24 32119 25 VOLUSIA

City & State

28 DAYTONA BEACH FL.

Zip Country

29 32119 30 VOLUSIA

9. Name and Address of Current Registered Agent

CRADDOCK, NORMAN
11 POINSETTIA DRIVE
ORMOND BEACH FL FL 32176

ADDRESS CHANGE
ONLY

10. Name and Address of New Registered Agent

81 Name

NORMAN CRADDOCK

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

12 ST. JOHNS PLACE

83

ORMOND BEACH FL.

84 City

FL

85 Zip Code

32176

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CRADDOCK, NORMAN
STREET ADDRESS 11 POINSETTIA DRIVE
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☐ DELETE
NAME CRADDOCK, ALAN
STREET ADDRESS 711 PALM AVE.
CITY-ST-ZIP HOLLY HILL 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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME ALAN CRADDOCK
2.3 STREET ADDRESS 952 COUNTRYSIDE WEST BU.
2.4 CITY-ST-ZIP PT. ORANGE FL. 32127

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)