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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS

CITY - ST - ZiP

DOCUMENT # L31793

(7)

SIMPLY FLOORING SERVICES COMPANY

Principal Place of Business Mailing Address						f (adilibi) ább mást kiðdi fáðáð raiða lífi filsit skill blatt sjóli glafi slatt faði					
C/O KAREN K. MATHIS B47 HAMILTON DRIVE ORLANDO FL 32833		C/O KAREN K. MATHS B47 HAMILTON DRIVE ORLANDO FL 32833-2748									
							3. Date Incorporated or Qualified 11/20/1989 3a. Date of Last R 05/01/1996				
2. Principal P	lane of Business	2a. Mailing Address		LT. 121-11-11	······································		I Number		Ap	plied For	
21		26					59-2949052			t Applicable	
Suite, Apt #, etc 22		Suite, Apt. #, etc.	27			5 . C	5. Certificate of Status Desired S8.75 Additional Fee Required				
City & Stat	e	City & State				l l	ection Campaign Financing	_	\$5.00		
23		28			·		ust Fund Contribution	Ц	Added t		
Zip	Country	. Zip	-	intry	:		nis corporation has liability for i			199.032.	
24	25	29	30				orida Statutes Lame and Address of New Re	Yes [
	g. Name and Address of Cu	rrent Registered Agent	•	81	Nome	10, N	ame and Address of New Ne	Distalan y	Agun		
	His, Karen K.			°'	Name						
847	HAMILTON DRIVE			82	Street Add	dress (P.O	. Box Number is Not Acceptab	ptable)			
ORL	ando fl 32833			-	, .			· ·			
				В3						•	
				64	City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip (Code	
agent. Fa	am familiar with, and accept the c	.0502 and 607.1508, Florida Statu State of Florida, Such change was biligations of, Section 607.0505, F	iorida sta	luitos	int signature req			DATE			
12.		AND DIRECTORS	13.				DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TILL!	DPS	DELETE	1.1 T	ITLE	·		<u> </u>		Change	Addition	
NAVE	MATHIS, KAREN K.		1.2 N	AMÉ							
STREET ADDRESS	847 HAMILTON DR.		1.3 S	TREET	ADDRESS						
Dity - St - ZIP	ORLANDO FL		1.4 0	ity-s	T-ZIP		1				
TITLE	DVT	DELETE	211	ILE					Change	Addition	
NAME	MATHIS, GEIRY L.		2.2 N	IAME							
STREET ADDRESS			2.3 9	TREET	ADDRESS						
CITY-S*-ZIP	ORLANDO FL		2.4	CITY-!	ST-ZIP						
TITLE		☐ DELETE	3.1 7	ITLE			•		Change	Addition	
NAME		•	3.2 N	3MA							
SUPERT ADDRESS			3.3 9	TREET	ADDRESS				•		
CITY - ST ZIP			3.4.	CITY+	ST - 21P						
TITLE		DELETE	4.1.1	ITLE					Change	Addition	
NAME			4.2	NAME		•					
STREET ADORESS			4.3 5	TAFET	ADDRESS						
CITY-\$1-ZiP					ST-ZIP				T10:	7 4 a a a c a	
1-1FE		☐ DELETE	511	ITLE		;	1.		Change	Addition	
NAME			521	IAME							
STREET ADORESS			5.3.5	STREET	ADDRESS						
CITY-\$1-7:P					ST-ZIP	-					
1011		☐ DELETE	6.11	ITLE		*	1		[] Change	Addition	

6.3 STREET ADDRESS

6.4 CITY-ST-2IP

14. I do 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.