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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L40618 DOCUMENT #
1. Corporation Name

(5)

PROFESSIONAL CARPET INSTALLATION, INC.								
Principal Place o	f Business	Mailing Address)	#1911 B1911 C	#1 4 11 4 7511 1451
% STEPHEN LAWRENCE % STEPHEN LAWRE								
5741 - 22ND /		5741 - 22ND AVENUE NAPLES FL 33999	SW					
NAPLES FL 33	2233	MAPLES PL 33393			3. Date Incorporated or Qualified 01/03/1990	3a. Date o	of Last Re /04/199	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 65-0163979			pplied For lot Applicable
1		26			03 0 103373		·	Additional
Suite, Apt. #, etc.		27]	Suite, Apt. #, etc.		5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing	F7	\$5.00) May Be
3		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for		under s	199.032,
	25	29	30			No No		
	9. Name and Address of Current	Registered Agent		1 Name	10. Name and Address of New F	tegistered A	gent	
			· ·	1				
LAWRENCE, STEPHEN			82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
	2ND AVENUE S W FL FL 33999		8	3				
PUTLES	LF LF 20888		_				1==1 ==	
			8	4 City		FL	B5 Zip	Code
SIGNATURE	Ignature, typed or printed name of registered agent a	on 607.0505, Florida Statute and little if applicable. #		gent signature require		DATE		
SIGNATURE		and life if epplicable.		gent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND		
SIGNATURE s	ignature, typed or printed name of registered agreed OFFICERS AND PD	and life if epplicable.	NOTE: Registered Av 13.	E		FICERS AND	DIRECTO Change	RS IN 12
SIGNATURE S 12. Title NAME	Ignature, typed or printed name of regishined agricults OFFICERS AND PD LAWRENCE, STEPHEN	and life if equilibative	NOTE: Registered Av 13. 1, 1 TITL 1,2 NAM	E E		FICERS AND		
SIGNATURE S 12. TITLE NAME STREET ADDRESS	Ignature, typed or printed name of regishired agreed of PD LAWRENCE, STEPHEN 5741 - 22ND AVENUE S W	and life if equilibative	NOTE: Ray stered Av. 13. 1. 1 TITL 1.2 NAN 1.3 STRI	E EET AODRESS		FICERS AND		
SIGNATURE	OFFICERS AND PD LAWRENCE, STEPHEN 5741 - 22ND AVENUE S W NAPLES FL	and IIIs if 61140ativ 7 D DIRECTORS	NOTE: Ray stered Av. 13. 1. 1 TITL 1.2 NAN 1.3 STRI	E IE EET ADDRESS -ST-ZIP		FICERS AND		
SIGNATURE	PD LAWRENCE, STEPHEN 5741 - 22ND AVENUE S W NAPLES FL	and life if equilibative. 7	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CFTY	E EEL AODRESS '-S1-ZIP		FICERS AND] Change	Addition
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SIGNATURE: S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ILONA J. LAWRENCE

4-26-96 (941) - 353-1128
Date Dayline Phone #