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**Mar 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # L58355 (3)
1. Corporation Name
SLAYTON'S FLOOR COVERING & INTERIOR FINISHES, INC.



Principal Place of Business
**3012 E. CERVANTES ST.
1
PENSACOLA FL 32503
US**

Mailing Address
**3012 E. CERVANTES ST.
1
PENSACOLA FL 32503-6421
US**

3. Date Incorporated or Qualified 03/12/1990	3a. Date of Last Report 03/07/1996
4. FEI Number 59-3004482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**SLAYTON, JEFFREY
3560 BROOKSHIRE
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (both Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

1. P	SLAYTON, DONALD R. SR.	3570 HOPESTILL ORAD	PENSACOLA FL	<input type="checkbox"/> DELETE
2. VP	SLAYTON, JEFFREY E.	3560 BROOKSHIRE	PENSACOLA FL	<input type="checkbox"/> DELETE
3. <input type="checkbox"/> DELETE				<input type="checkbox"/> DELETE
4. <input type="checkbox"/> DELETE				<input type="checkbox"/> DELETE
5. <input type="checkbox"/> DELETE				<input type="checkbox"/> DELETE
6. <input type="checkbox"/> DELETE				<input type="checkbox"/> DELETE
7. <input type="checkbox"/> DELETE				<input type="checkbox"/> DELETE
8. <input type="checkbox"/> DELETE				<input type="checkbox"/> DELETE
9. <input type="checkbox"/> DELETE				<input type="checkbox"/> DELETE
10. <input type="checkbox"/> DELETE				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 furnished 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 a director or officer 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 on the front cover of this report or on an attachment with an address.

SIGNATURE: **3/19/97 904 432-3033**
SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE DAY/MONTH/YEAR TELEPHONE NUMBER

CR2E034 (9/96)