2001 UNIFORM BUSINESS REPORT TUBE

SIGNATURE:

Jun 06, 2001 8:00 am Secretary of State **DOCUMENT # L58355** 05-14-2001 90202 040 ***150 00 SLAYTON'S FLOOR COVERING & INTERIOR FINISHES, IN Principal Place of Business Malling Address 3012 E. CERVANTES ST. 3012 E: CERVANTES ST. PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3004482 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SLAYTON, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 3560 BROOKSHIRE PENSACOLA FL 32504 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: R gistered Agent signature required when reinstating) ±10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible FILE.NOW!!! FEE IS \$150.00 _\$5.00.May.Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Defete TITLE ■ Addition THIF NAME NAME SLAYTON, DONALD R. SR. STREET ADDRESS STREET ADDRESS 3570 HOPESTILL ROAD CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL TITLE ☐ Delete ☐ Change ■ Addition NAME NAME SLAYTON, JEFFREY E. STREET ADDRESS 3560 BROOKSHIRE STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addition THE Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE .. Detete NAME --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 it changed, or on an attachment with an address, with all gither like empowered.

OFFICER OR DIRECTOR

FILED