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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 09 1997 8:00am Secretary of State

| | 1997 | | DIVISION OF | CORPORA | TIONS | |] Secretar | y Oi | . Dia | |
|--|--|----------------------------------|--|----------------------------|-------------------|--------------|--|---------------------------------------|----------------------------------|------------------------------|
| | MENT # L65857 CONLON CARPETS, INC. | 7 | (9) | | | |) DODINGU GIRO ON ON DE TRUET FILLE FRÂN | 3/3/) 9/3 /) 9 | 1 0 11 0 124 01011 | 11 3 11 1 3 01 |
| Principal Place 5782 OLD RAN SARASOTA FL US | | % JO 5782 | Mailing Address % JOHN CONLON 5782 OLD RANCH RD SARASOTA FL 34241-9774 | | | | | | | |
| | | US | | | | | 3. Date Incorporated or Qualified 04/13/1990 | | ate of Last Re 09/1996 | eport |
| 2. Principal F 21 | Place of Business | 2a. M | lailing Address | | | | 4. FEI Number 65-0193569 | | ₽ | plied For t Applicable |
| Suite, Apt | #, etc. | 27 | uite, Apt. #, etc. | | * **** | W12.57.57 | 5. Certificate of Status Desired | | \$8.75 A | |
| City & Sta | le | | ity & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Z(p. | Country 25 | | ιp | Coul | ntry | | 8. This corporation has liability for | intangible Yes | tax under s. | |
| :41 | 9. Name and Address of Curre | | red Agent | 1301 | | | 10. Name and Address of New Re | | | |
| COI | NLON, JOHN | | | 1 | 81 Na | me | | | | |
| | 2 OLD RANCH RD PASOTA FL 34241 | | | [| 82 Str | eet Addre | ess (P.O. Box Number is Not Acceptat | ole) | | |
| | | | | [| B4 Cit | у | | FL | 85 Zip (| Code |
| office or | to the provisions of Sections 607.08 registered agent, or both, in the Sta am familiar with, and accept the obtained the section of the sec | ite of Florida. gations of, S | . Such change was Section 607.0505, Fl | authorized lorida Stati | I by the utes. | corporation | oration submits this statement for the pon's board of directors. I hereby acce | pt the app | changing its ointment as | s registered registered |
| 12. | OFFICERS A | ND DIRECTO | | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | |
| TITLE | PD | | ☐ DELET€ | 1179 | LE | 1 | | | Change | Addition |
| NAME STREET ADDRESS | CONLON, JOHN 5782 OLD RANCH RD | | | 1.2 NA 1.3 ST | me Reet addr | ESS | | | | |
| C(TY+ST-ZIP | SARASOTA FL | | T occur | | Y-ST-ZIP | | ····· | | 1 1 66 | T Large |
| NAME | SD Conlon, Deborah | | DELETE | 2.1 TIT 2.2 NA | | | | | Change | Addition |
| STREET ADDRESS | 5782 OLD RANCH RD | | | • | me Reet ador | FCC | | | | |
| CHY-S1-7IP | SARASOTA FL | | | | TY-ST-ZIF | | ,u- | | | |
| 1151E | | | DELETE | 3.1 717 | ···· | | | · · · · · · · · · · · · · · · · · · · | Change | Addition |
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| STREET ADDRESS | | | | | REET ADDA | ess | | | | |
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| NAME | | | End Detrit | 6.1 III | | 1 | | | C outube | L.J NUUIIIUII |
| STREE* ADDRESS | | | | | mil Reet addr | ESS | | | | |
| City-S1-ZiP | | | | | Y-ST-21P | 1 | | | | |
| | ety certify that the information suppl | lied with this | filing does not oua | | | | in Section 119 07(3)(i). Florida Statute | s Liuribe | r certify that | the |

Table the conjugation of the conformation supplies with this line gloses not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. Further certify that the information and cated on this 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 or an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR