FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M66392** **(5)**

1. Corporation Name
CHAPPIE'S CARPET & FLOORS, INC.

Principal Place of Business
2744 STICKNEY POINT ROAD
SARASOTA FL 34231

Mailing Address
2744 STICKNEY POINT ROAD
SARASOTA FL 34231

3. Date Incorporated or Qualified: **01/26/1988**
3a. Date of Last Report: **04/26/1995**

4. FEI Number: **65-0026641** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

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

9. Name and Address of Current Registered Agent

GIERHART, CHARLES A.
100 WALLACE AVENUE, SUITE 330
SARASOTA FL 34237

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, KENNETH R.		1a NAME	
STREET ADDRESS	7460 CASS CIRCLE		1b STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1c CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, PATRICIA		2a NAME	
STREET ADDRESS	7460 CASS CIRCLE		2b STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2c CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3a NAME	
STREET ADDRESS			3b STREET ADDRESS	
CITY-ST-ZIP			3c CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4a NAME	
STREET ADDRESS			4b STREET ADDRESS	
CITY-ST-ZIP			4c CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5a NAME	
STREET ADDRESS			5b STREET ADDRESS	
CITY-ST-ZIP			5c CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6a NAME	
STREET ADDRESS			6b STREET ADDRESS	
CITY-ST-ZIP			6c CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate as of the date of this report. I further certify that the information indicated on this 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 added on an attachment with an address.

SIGNATURE: Kenneth R. Chapman Pres. 3-26-96 941-923-5489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone