

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
FILED**

**95 APR 21 PM 2:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # M88042 (0)**

1. Corporation Name  
**UNIFIED FLOOR, INC.**

Principal Place of Business: **9393 120TH LANE NORTH SEMINOLE FL 34642**

Mailing Address: **9393 120TH LANE NORTH SEMINOLE FL 34642**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **27**

City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **07/01/1988**

3a. Date of Last Report: **03/29/1994**

4. FEI Number: **59-2898543**

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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**LINDSAY, FRED  
9393 120TH LANE NORTH  
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>
NAME	<b>LINDSAY, FREDRICK H.</b>
STREET ADDRESS	<b>9393 120TH LANE N.</b>
CITY - ST - ZIP	<b>SEMINOLE FL</b>
TITLE	<b>PD</b>
NAME	<b>LINDSAY, FREDRICK H., JR.</b>
STREET ADDRESS	<b>1898 SHORE ACRES BLVD</b>
CITY - ST - ZIP	<b>ST PETE FL</b>
TITLE	<b>VD</b>
NAME	<b>LINDSAY, STEVEN F.</b>
STREET ADDRESS	<b>6584 142 AVE., X208</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>STD</b>
NAME	<b>LINDSAY, MARJORY</b>
STREET ADDRESS	<b>9393 120TH LANE NORTH</b>
CITY - ST - ZIP	<b>SEMINOLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>4314 Joseph Street</b>
3.4 CITY - ST - ZIP	<b>Port Charlotte, FL 33948</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred Lindsay*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-15-95**