

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 # **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**

3. Date Incorporated or Qualified: **07/01/1988** 3a. Date of Last Report: **04/21/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** **9393 120TH LANE NORTH SEMINOLE FL 34642**
22. Suite, Apt. #, etc.: **22**
23. City & State: **23**
24. Zip: **24** Country: **25**
2a. Mailing Address: **26** **9393 120TH LANE NORTH SEMINOLE FL 34642**
27. Suite, Apt. #, etc.: **27**
28. City & State: **28**
29. Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDSAY, FRED
9393 120TH LANE NORTH
SEMINOLE FL 34642

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 607.1508, 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: _____ (Type or print name of registered agent or corporate officer) (Type registered agent signature, if applicable) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD <input type="checkbox"/> DELETE
NAME	LINDSAY, FREDRICK H.
STREET ADDRESS	9393 120TH LANE N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	LINDSAY, FREDRICK H., JR.
STREET ADDRESS	1899 SHORE ACRES BLVD
CITY-ST-ZIP	ST PETE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	LINDSAY, STEVEN F.
STREET ADDRESS	4314 JOSEPH STREET
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	LINDSAY, MARJORY
STREET ADDRESS	9393 120TH LANE NORTH
CITY-ST-ZIP	SEMINOLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	3308 5th Drive West
8. CITY-ST-ZIP	Palmetto FL 34221
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marjory Lindsay* Marjory Lindsay 6/5/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3
398-1175
Doc. No. Filed #

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