

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M88042 (0)**

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



Principal Place of Business <b>9393 120TH LANE NORTH                  SEMINOLE FL 34642</b>	Mailing Address <b>9393 120TH LANE NORTH                  SEMINOLE FL 33772-2636</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/01/1988</b>		3a. Date of Last Report <b>07/01/1996</b>	
21	22		26	4. FEI Number <b>59-2898543</b>		Applied For Not Applicable	
23		27		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LINDSAY, FRED</b> <b>9393 120TH LANE NORTH</b> <b>SEMINOLE FL 34642</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDSAY, FREDRICK H.		1.2 NAME		
STREET ADDRESS	9393 120TH LANE N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDSAY, FREDRICK H., JR.		2.2 NAME		
STREET ADDRESS	1899 SHORE ACRES BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDSAY, STEVEN F.		3.2 NAME		
STREET ADDRESS	3308 5TH DR WEST		3.3 STREET ADDRESS	Palmetto FL 34221	
CITY-ST-ZIP	PORT CHARLOTTE FL 34221		3.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDSAY, MARJORY		4.2 NAME		
STREET ADDRESS	9393 120TH LANE NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 813-393-2992

CR2E034 (9/96)