03-02-1999 90050 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M88042

STREET ADDRESS

CITY-ST-ZIP

UNIFIED	FLOOR, INC.							
Principal Place	e of Business	Mailing Address					II MIMII ALMII BIRHI ALAIK A	
9393 120TH LANE NORTH 9393 120TH LANE NORTH			1					
SEMINOLE FL 34642 SEMINOLE FL 34642								
V						DO NOT WRITE II	N THIS SPACE	 -
						3. Date Incorporated or Qualifed		
						07/01/1988		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		plied For
21 26						59-2898543		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	_ \$8.75_ <i>⊦</i>	
27						3. Community 3. 	Fee Re	equired
City & State City & State						6. Election Campaign Financing	\$5.00	
23 28						Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current y		
24 3377	2 25	[29] 33772	30			Personal Property Tax.	Yes	No
	9. Name and Address of Currer	nt Registered Agent		 	т	10. Name and Address of New Regis	stered Agent	
LINE	DOAY FRED			81	Name			
	SAY, FRED			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
9393 120TH LANE NORTH								
SEM	IINOLE FL 34642			83				
				84	City		85 Zip (Code
					1			Code 772
office or r	registered agent, or both, in the State rm familiar with, and accept the obligation Signature, typed or ponted name of registered age	of Florida. Such change was ations of, Section 607.0505, F	authorize Iorida Stal	ed by itutes	tne corporatio	oration submits this statement for the purpor's board of directors. I hereby accept the	appointment as re	gistered
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	CD	☐ DELETE	1,1 T	ITLE			☐ Change	Addition
NAME	LINDSAY, FREDRICK H.		1.2 N	NAME				
STREET ADDRESS	9393 120TH LANE N.		13 STREET		TADDRESS		-	
CITY-ST-ZIP	SEMINOLE FL		1,4 CITY-S		T-ZIP		5	3772
TITLE	PD	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	LINDSAY, FREDRICK H.,JR.		2.2 NAME		1			
STREET ADDRESS			TREE	TADDRESS				
CITY-ST-ZIP	BLOOMINGTON MN 55431	/ 1111	2. 4 CITY-S					
TITLE	VD	DELETE	3.1 T		/1 448		Change	X Addition
NAME	LINDSAY, STEVEN F.	_	32 N	VAME				
	**** **** DD 14/507		3.3 STREE		TADDRESS		_	
STREET ADDRESS	+		3.4. CITY-5		- 1		. 3	4221
CITY-ST-ZIP	PALMETTO FL	☐ DELETE	4.1 TITLE		31-217		Change	X Addition
TITLE	STD HAD JODY		4.1 THEE				_ ,	_
NAME	LINDSAY, MARJORY		1					3772
STREET ADDRESS	9393 120TH LANE NORTH		1	****			7	
CITY-ST-ZIP			4.3 S	STREET			3	3//2
TITLE	SEMINOLE FL	C) DELETE	4.3 S 4.4 C	CITY-S				
	SEMINULE FL	DELETE	4.3 S 4.4 C 5.1 T	CITY-S'			Ghange ☐	☐ Addition
NAME	SEMINULE FL	☐ DELETE	4.3 S 4.4 C 5.1 T 5.2 N	CITY-S' TITLE NAME	ST-ZIP			
STREET ADDRESS	SEMINULE FL	☐ DELETE	4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	CITY-S' TITLE NAME STREET	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP	SEMINULE FL		4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	CITY-S' TITLE NAME STREET CITY-S'	T ADDRESS	·	☐ Change	☐ Addition
STREET ADDRESS	SEMINULE FL	☐ DELETE	4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	CITY-S' TITLE NAME STREET	T ADDRESS			

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS