

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90063 008 ****61.25

DOCUMENT # N93000003360

1. Corporation Name

CENTRAL FLORIDA FLOORCOVERING ASSOCIATION, INC.

Principal Place of Business

4215 RECKER HIGHWAY
WINTER HAVEN FL 33880

Mailing Address

4215 RECKER HIGHWAY
WINTER HAVEN FL 33880



2. Principal Place of Business

21 CFFA

Suite, Apt. #, etc.

22 P O Box 272409

City & State

23 Tampa, Florida

24 33688-2409 25 Hillsborough

2a. Mailing Address

26 CFFA

Suite, Apt. #, etc.

27 P O Box 272409

City & State

28 Tampa, Florida

29 33688-2409 30 Hillsborough

3. Date Incorporated or Qualified

07/27/1993

4. FEI Number

59-3194231

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

9. Name and Address of Current Registered Agent

THOMAS, JOSEPH W E.A.
3315 U.S. HIGHWAY 98 SOUTH
LAKELAND FL 33803-8365

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
MOLY, SANDY
STREET ADDRESS 4201 W WATERS AVE
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME VP
GIBSON, RON
STREET ADDRESS 1335-C W BRANDON BLVD
CITY-ST-ZIP BRANDON FL

TITLE ☐ DELETE

NAME T
GILLEY, JANICE
STREET ADDRESS 4215 RECKER HIGHWAY
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☒ DELETE

NAME D
GRAVIS, CHUCK
STREET ADDRESS 2506 JASON DRIVE
CITY-ST-ZIP TAMPA FL 33605

TITLE ☒ DELETE

NAME D
KEIPERS, LARRY
STREET ADDRESS 6250 GALL BLVD.
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE ☒ DELETE

NAME D
HART, WAYNE
STREET ADDRESS 4602 EAST BROADWAY
CITY-ST-ZIP TAMPA FL 33605

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP
Patrick Marlow
P.O. Box 22571
St. Petersburg, FL 33742

Secretary
Stephen Roe
P.O. Box 22571
St. Petersburg, FL 33742

Penny Hart
4602 East Broadway
Tampa, FL 33605

George Apostolopoulos
2860 Ave. 22 - North
St. Petersburg, FL 33713

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 617, 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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-99 941-299-8265

0058723

CR2E037 (11/98)