

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003879 (2)

1. Corporation Name

BOONE FLOORING - "THE WOOD PEOPLE", INC.

Principal Place of Business

**4541 SHIRLEY AVE
SUITE 4
JACKSONVILLE FL 32210**

Mailing Address

**4541 SHIRLEY AVE
SUITE 4
JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/14/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

58-3158844

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 4517 Appleton Ave.

2a. Mailing Address

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 6

City & State

23 Jacksonville, FL

City & State

Zip

24 32210

County

25 Duval

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**LEPRELL, SAMUEL L
1301 GULF LIFE DR
SUITE 1500
JACKSONVILLE FL 32207**

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 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOONE, JOSEPH A SR
STREET ADDRESS	4541 SHIRLEY AVE SUITE 4
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	BOONE, JOSEPH A JR
STREET ADDRESS	4541 SHIRLEY AVE SUITE 4
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	BOONE, TINA D
STREET ADDRESS	4541 SHIRLEY AVE SUITE 4
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	ST
NAME	BOONE, BRENDA
STREET ADDRESS	622 N. 11TH STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brenda W. Boone Brenda W. Boone 4/25/95 904-384-1159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(No, Print Name)