

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90039 021 \*\*\*150.00

DOCUMENT # P93000005419

1. Corporation Name  
COLOR MASTERS CARPET AND INTERIORS, INC.

Principal Place of Business  
2550 NE 36 AVE.  
SUITE C  
OCALA FL 34470

Mailing Address  
2550 NE 36 AVE.  
SUITE C  
OCALA FL 34470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
212 South Magnolia Ave  
Suite, Apt. #, etc.  
City & State  
Ocala FL  
Zip  
34474  
Country  
USA

2a. Mailing Address  
212 South Magnolia Ave  
Suite, Apt. #, etc.  
City & State  
Ocala FL  
Zip  
34474  
Country  
USA

3. Date Incorporated or Qualified  
01/22/1993  
4. FEI Number  
59-3162664  
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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
HENDERSON, CHARLES S  
2116 SOUTHEAST 16TH LANE  
OCALA FL 32671

10. Name and Address of New Registered Agent  
81 Name  
Charles P. Henderson  
82 Street Address (P.O. Box Number is Not Acceptable)  
2116 SE Ft King Street 16th Lane  
83  
84 City  
Ocala  
85 Zip Code  
FL 34470

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  
2/4/99

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

12. OFFICERS AND DIRECTORS

TITLE  
D  
NAME  
HENDERSON, CHARLES P  
STREET ADDRESS  
2116 SOUTHEAST 16TH LANE  
CITY-ST-ZIP  
OCALA FL 34471

TITLE  
D  
NAME  
HENDERSON, CHARLES S  
STREET ADDRESS  
3172 SE FT KING STREET  
CITY-ST-ZIP  
OCALA FL 34470

TITLE  
D  
NAME  
HENDERSON, WALTER T  
STREET ADDRESS  
7334 NE JACKSONVILLE RD  
CITY-ST-ZIP  
OCALA FL

TITLE  
D  
NAME  
HENDERSON, WALTER T  
STREET ADDRESS  
7334 NE JACKSONVILLE RD  
CITY-ST-ZIP  
OCALA FL

TITLE  
D  
NAME  
HENDERSON, WALTER T  
STREET ADDRESS  
7334 NE JACKSONVILLE RD  
CITY-ST-ZIP  
OCALA FL

TITLE  
D  
NAME  
HENDERSON, WALTER T  
STREET ADDRESS  
7334 NE JACKSONVILLE RD  
CITY-ST-ZIP  
OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
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

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.

SIGNATURE:

2/4/99

352-351-4100

CR2E034 (11/98)