

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000008076 (0)

1. Corporation Name

NEW CONCEPT CARPET INSTALLATIONS, INC.

Principal Place of Business

4073 47TH ST
SARASOTA FL 34235

Mailing Address

4073 47TH ST.
SARASOTA FL 34235

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 2:34

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

03/18/1994

4. FEI Number

65-0388317

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 2240 Silver Maple Ct.

2a. Mailing Address

26 2240 Silver Maple Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sarasota FL

City & State

28 Sarasota FL

Zip

24 34234

Country

25 USA

Zip

29 34234

Country

30 USA

9. Name and Address of Current Registered Agent

GILBERT, ANN M
4073 47TH ST.
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2240 Silver Maple Ct.

83

84 City
Sarasota

FL

85 Zip Code
34234

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

Ann M. Gilbert

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

7/14/95

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	GILBERT, ANN M
STREET ADDRESS	4073 47TH ST.
CITY - ST - ZIP	SARASOTA FL
TITLE	P
NAME	GILBERT, ROBERT L JR.
STREET ADDRESS	4073 47TH ST.
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☒ Change ☐ Addition
1.2 NAME	Ann M. Gilbert	
1.3 STREET ADDRESS	2240 Silver Maple Ct.	
1.4 CITY - ST - ZIP	Sarasota FL 34234	
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	Robert L. Gilbert, Jr.	
2.3 STREET ADDRESS	2240 Silver Maple Ct.	
2.4 CITY - ST - ZIP	Sarasota FL 34234	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(k), 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:

Ann M. Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Gilbert

7/14/95

Date

813-355-5837

Telephone Number