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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

Principal Place of Business

P93000024827 (6)

Mailing Address

1. Corporation Name FLORIDA CARPET & DESIGN, INC.

P O DRAWER OCOEE FL 347		P O DRAWER 490 OCOEE FL 34791				3. Date incorporated or Qualified 03/29/1993	-	e of Last Re		
						4, FEI Number	_1		pplied For	
2. Principa! Place of Business 2a. Mailing Address						59-3173751			lot Applicable	
	E. Plant Street				\$8.75 Additional					
Suite, Apt. #,	etc.	Suite, Apt #, etc.				5. Certificate of Status Desired		<b>~</b>	lequired	
22		27				6. Election Campaign Financing		\$5.00	) May Be	
City & State		City & State  28 Winter Garden, FL			Trust Fund Contribution Added to Fees					
	r Garden, FL	28 Winter	Garder	<b>1</b> → intry	F.L	B. This corporation has liability for	intang ble			
Zip	Country	29 34787	<u> </u>	JS#		Florida Statutes Yes	<b>XX</b> No			
4 3478	7 25 USA 9. Name and Address of Curren			عدر	3	10. Name and Address of New F	Registered	l Agent		
	g. Name and Address of Collect	t neglatered Agent		81	Name					
	2010140					ess (P.O. Box Number is Not Acceptat	blo)			
LAMAN, DOUGLAS G				82	Street Addr	ess (P.O. Box Number is Not Accepta-	ciie)			
1150 E PLNAT STREET WINTER GARDEN FL 34787				83						
WINTER	GARDEN FL 34/6/							ne   7.	Code	
				84	City		FI	_  85   Zıp	0000	
	Signature it post or printed name of regelered agent and three tagent are its QTE Hogistered					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	n DELETE			1 1 TITLE				Change	Addition	
TITLE	LAMAN, DOUGLAS G	<b>_</b>	121	NAME						
NAME	8052 OAK PARK RD				ADDRESS					
STREET ADDRESS	ORLANDO FL			DITY - S						
CITY-SI-ZIP	n	DELE1E 2.1				Change Addition				
TITLE	LAMAN, GEORGE I	Na.		NAME						
NAME AXAFEX ARRESON	5686 TRIMBLE PARK RD		2.3	STREET	ADDRESS					
STREET ADDRESS	MOUNT DORA FL			0 *Y - 9						
CITY-ST-ZIP TITLE	moor borne	C) DELETE		TITLE				☐ Change	Addition	
NAME		<del></del>	32	NAME						
STREET ADDRESS			33	STREE	LADORESS					
			34	CITY - S	\$1 - 7/P					
CITY - ST - ZIP TITLE		DELETE	4 1	TITLE				☐ Change	Addition Addition	
NAME			42	NAME						
STREET ADDRESS			43	STREE	I ADDRESS					
CITY-ST-ZIP			4 4	C:TY-	ST-ZIP					
TITLE		DELETE	5 1	TITLE				☐ Change	☐ Addition	

5.2 NAME

6 1 TIELE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CiTY - ST - ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

14. I do hereby certify that the information supplied with this filing te voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and factorate 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 trust annual report is report as required by Chapter 607, Florida Statutes; and triat my name appears in Block 12 or Block 13 if changed or on an attachment with the receiver of the second triat my name.

☐ Addition

Change