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PROFIT CORPORATION **ANNUAL REPORT**

1998

NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000036461 (0) 1. Corporation Name

BILL'S CARPET & VINYL INSTALLATIONS, INC.

Principal Place of Business Mailing Address C/O BILL LECLAIR C/O BILL LECLAIR 361 NEPTUNE DR. NE 361 NEPTUNE DR. NE DO NOT WRITE IN THIS SPACE PALM BAY FL 32907 PALM BAY FL 32907 3. Date Incorporated or Qualified 05/17/1993 2a. Mailing Address 4, FEI Number 2, Principal Place of Business Applied For Not Applicable 59-3180201 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Zιρ Country 8. This corporation owes or has paid the current year Intangible Country Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LECLAIR, BILL 361 NEPTUNE DR., NE Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32907 83 Zip Code 84 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 diapplicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition DELETE 1.1 TITLE n TITLE LECLAIR, BILL 1.2 NAME NAME 361 NEPTUNE DR, NE 1.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-7IP 1.4 CHTY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE 6.1 TITLE 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

FILED

Apr 15 1998 8:00am

Secretary of State