PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P93000039699

1. Corporation Name

RICHARD H. RING THE CARPET MAN, INC.

Principal Place of Busine
6400 BEECHWOOD AVE.
CADACOTA EL 24224

Mailing Address

## Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90066 045 \*\*\*150.00



6400 BEECHWO SARASOTA FL										
SANASOIA FL	34231	SANAGOTA FL STEST				DO NOT WRI	TE IN THIS	SPACE		
	<del></del>			ت	, - C	3. Date incorporated or Qualifed			-	
					•	06/04/1993				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	_		Applied For	
21		26				59-31957 <u>09</u>			Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired			5 Additional Required	
City & State	ρ	City & State				6. Election Campaign Financing		\$5	00 May Be	
23		28				Trust Fund Contribution			ed to Fees	
Zip <b>24</b> ]	Country					8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
,	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	tegistered A	gent		
				81	Name					
RING, RICHARD 6400 BEECHWOOD AVE SARASOTA FL 34231				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
				83						
				84	City			85 2	Zip Code	
							<u> </u>	1	ita sasist	
office or o	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig.	e of Florida. Such change was au	uthonzea	DV I	tne corporatior	oration submits this statement for the n's board of directors. I hereby accept	purpose or c	manging tment a	s registered	
SIGNATURE	Signature, typed or printed name of registered ag				t signature required	when reinstating)	DATE			
12.		ND DIRECTORS	13.	.go	- agricial rodollog	ADDITIONS/CHANGES TO OF	FICERS ANI	D DIREC	CTORS IN 12	
1	PST	☐ DELETE	1.1 TITL	E	T			Char		
NAME	RING, RICHARD H	_	1.2 NAA							
STREET ADDRESS	6400 BEECHWOOD AVE		13 STR	EET.	ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CIT						İ	
TITLE	0.11.10017.112.01201	DELETE	2.1 TITL					Char	nge	
NAME			2.2 NAN	ΛE	1				,	
STREET ADDRESS					ADDRESS					
1			2.4 CIT						ţ	
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NAME			3.2 NAA						_	
STREET ADDRESS					ADDRESS				Ì	
			3.4, CIT			:			]	
CITY-ST-ZIP		DELETE			1-21			Char	ge	
NAME			4.2 NA		-	and the state of t				
STREET ADDRESS			4.3 STR	REET	ADDRESS					
CITY-ST-ZIP	•		4.4 CIT	Y-ST	r-ZIP					
TITLE		DELETE	5.1 TITE	E				Char	nge	
NAME			5.2 NAN							
STREET ADDRESS		•	1		ADDRESS	.*			. }	
CITY-ST-ZIP		<del></del>	5.4 CIT		r-ZIP					
TITLE	\$	DELETE	6.1 TITL					Chai	nge	
NAME	Not the west of		6.2 NAA							
STREET ADDRESS			6.3 STR	REET	ADDRESS					

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 arcurate 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 inexective or trustee ampowered be executable report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, br on an attachment with an address, with all other the empowered.

SIGNATURE:

CITY-ST-ZIP