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FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000069053 (5)

1. Corporation Name  
DECORATIVE LAMINATES, INC.



Principal Place of Business

Mailing Address

5120-C E ADAMO DR  
TAMPA FL 33619

5120-C E ADAMO DR  
TAMPA FL 33619

3. Date Incorporated or Qualified

10/05/1993

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

21 9940-C CURRIE DAVIS DR

2a. Mailing Address

26 9940-C CURRIE DAVIS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 TAMPA FL

27 City & State

28 TAMPA FL

Zip

Country

Zip

Country

24 33619

25

29 33619

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALLARD, JACK  
5120-C E ADAMO DR  
TAMPA FL 33619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9940-C CURRIE DAVIS DR.

83

84 City

TAMPA

FL

85 Zip Code  
33619

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BALLARD, JACK  
STREET ADDRESS 5120-C E ADAMO DR.  
CITY-ST-ZIP TAMPA FL 33619

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 9940-C CURRIE DAVIS DR.  
1.4 CITY-ST-ZIP TAMPA, FL 33619

TITLE D ☐ DELETE

NAME GERLEMAN, LARSTEN  
STREET ADDRESS 5120-C E. ADAMO DRIVE  
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME GERLEMAN, LARSTEN  
2.3 STREET ADDRESS 9940-C CURRIE DAVIS DR.  
2.4 CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

04/09/97 813 627 0505

CR2E034 (9/96)