FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

16

FILED

Mar 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000069199 (6)**

KWIK DRY CARPET & UPHOLSTERY, INC. Principal Place of Basiness Mailing Address 4169 LAMSON AVENUE 4169 LAMSON AVENUE SPRING HILL FL 34606 SPRING HILL FL 34608-3707 3. Date Incorporated or Qualified 3a. Date of Last Report 09/29/1993 07/30/1996 2. Principal Place of Business 2a. Marling Address 4 FEL Number Applied For 59-3113423 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes 🔲 No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRESCENZO, KIM 4169 LAMSON AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34606 83 84 City Zip Code 85 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 rog stered 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, hard accept the obligations of, Section 607.0505, Florida Statutes. than type for your corse or of required agent and site. Cappidable (NOTE: Finglistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change 1.1 TITLE ith: CRESCENZO KIM NAME 1.2 NAME CR2E034 7441 DUNDEE CT. 1.3 STREET ADDRESS STECCH AUG9658 **BROOKSVILLE FL 34613** GHY- S1-20 1.4 CITY - \$1 - ZIP DELETÉ Change Addition 2.1 THUE TILE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP E-TY St-70 DELETE Change Addition 1016 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP (11'Y S1-76 DELETE Addition HLF 4.1 TITLE NAM: 4 2 NAME 4.3 STREET ADORESS SHIELL ADJUSTS Cult St. Zill 4.4 CITY-ST-ZiP DELETE Addition 5.1 TITLE Change HILE 5.2 NAME MANE

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 and cated 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 13 if changed, or one or attachment with an address. attachment with an address

5.3 STREET ADDRESS

GB STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

611110

6.2 NAME

SIGNATURE:

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