SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000002469 (2)**

1. Corporation Name
CONTRACTORS FLOORING, INC.

APPROVED AND FILED
95 JUL -5 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~897 NE PRIMA VISTA BLVD.~~	~~897 NE PRIMA VISTA BLVD.~~
~~PORT ST. LUCIE FL 34952~~	~~PORT ST. LUCIE FL 34952~~

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8027 S Federal Hwy.	26 8027 S Federal Hwy.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Port St. Lucie Fla	28 City & State: Port St. Lucie Fla
24 Zip: 34952 25 Country: St. Lucie	29 Zip: 34952 30 Country: St. Lucie

4. FEI Number: 650555838 ☐ Applied For ☐ Not Applicable
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

BOND, JAMES A
1251 S.W. 27TH ST.
SUITE 4
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: Jay A Meltzer
82 Street Address (P.O. Box Number is Not Acceptable): 5165 N.W. W. Macedo Blvd.
83
84 City: Port St. Lucie FL 85 Zip Code: 34983

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] DATE: 6-22-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	Pres. ☑ Change ☐ Addition
NAME	DUNLAP, C. CAMERON III	12 NAME	Jay MELTZER
STREET ADDRESS	3121 S.W. MONTEBELLO PL.	13 STREET ADDRESS	5165 NW Macedo Blvd
CITY-ST-ZIP	PALM CITY FL 34990	14 CITY-ST-ZIP	PSL FL 34983
TITLE	P	21 TITLE	Vice-Pres ☑ Change ☐ Addition
NAME	MELTZER, JAY A	22 NAME	Robert Dunlap
STREET ADDRESS	~~3121 S.W. MONTEBELLO PL.~~	23 STREET ADDRESS	670 SW Whittie Ter.
CITY-ST-ZIP	~~PALM CITY FL 34990~~	24 CITY-ST-ZIP	PSL FL 34952
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	DUNLAP, ROBERT R	32 NAME	
STREET ADDRESS	~~3121 S.W. MONTEBELLO PL.~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~PALM CITY FL 34990~~	34 CITY-ST-ZIP	700001533937 -07/10/95--01088--005
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	****225.00 ****225.00
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	7/5/95 MB
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E094 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6-22-95 407-871-7900
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0171841 FP