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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000006958 (0)**

1. Corporation Name

~~FOWLER FLOORCOVERING, INC.~~

~~John Fowler, Inc.~~

NC
305197

Principal Place of Business

Mailing Address

8750-11 GLADIOLUS DRIVE
SUITE 166
FORT MYERS FL 33908

8750-11 GLADIOLUS DRIVE
SUITE 166
FORT MYERS FL 33908-4159

3. Date Incorporated or Qualified

01/28/1994

3a. Date of Last Report

04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 14931 Lake Olive Dr

26 14931 Lake Olive Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ft. Myers, FL

27 Ft. Myers, FL

City & State

City & State

23

28

Zip 33919

Country USA

Zip 33919

Country USA

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOWLER, JOHN
8750-11 GLADIOLUS DRIVE
SUITE 166
FORT MYERS FL 33908

81 Name John Fowler - same

82 Street Address (P.O. Box Number is Not Acceptable)
14931 Lake Olive Dr

83

84 City Ft. Myers

FL

85 Zip Code 33919

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
NAME FOWLER, JOHN
STREET ADDRESS 8750-11 GLADIOLUS DRIVE, SUITE 166
CITY-ST-ZIP FORT MYERS FL 33908

1.1 TITLE
1.2 NAME Fowler, John
1.3 STREET ADDRESS 14931 Lake Olive Dr
1.4 CITY-ST-ZIP Ft. Myers FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP


5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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:

 REQUIRED

3/1/97

941 433-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)