

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000011538 (3)**

1. Corporation Name

BILL BAILEY'S CARPET CARPET BARN, INC.

Principal Place of Business

**4155 66TH ST NORTH
LARGO FL 34643**

Mailing Address

**11455 66TH ST NORTH
LARGO FL 34643**

**Bill Bailey's Carpet Barn, Inc.
4707 - 95th St. N.
St. Petersburg, FL 33708
1-813-319-4840**



3. Date Incorporated or Qualified
02/03/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **4707 95th ST. N.**

2a. Mailing Address

26 **4707 95th ST. N.**

4. FEI Number

59-3227911

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **St. Petersburg, FL**

Suite, Apt. #, etc.

27 **St. Petersburg, FL**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 **33708**

City & State

28 **33708**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 **US**

Zip

Country

30 **US**

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

**WELLS, GERI M
12901 GULF BLVD #312
MADEIRA BEACH FL 33708**

81 Name

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

83

84 City

FL

85 Zip Code

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

Gerri M. Wells

Gerri M. Wells

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PT
WELLS, GERI M
12901 GULF BLVD #312
MADERRIA BEACH FL 33708**

TITLE ☐ DELETE

NAME **V
WELLS, PATRICK D
8444 LANTANA DR
SEMINOLE FL 34647**

TITLE ☒ DELETE

NAME **S
NICHOLSON, C. KEITH
1102 WEST MAPLE
N. CANTON OH 44720**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V. S.
WELLS, PATRICK D.**
2.3 STREET ADDRESS **8444 LANTANA DR.**
2.4 CITY - ST - ZIP **SEMINOLE, FL. 34647**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Gerri M. Wells**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)