

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:02

DOCUMENT # P94000018748 (1)

1. Corporation Name:

LONNIE TAYLOR FLOOR COVERING, INC.

Principal Place of Business

Mailing Address

**570 11TH STREET, SOUTH WEST
NAPLES FL 33964**

**570 11TH STREET, SOUTH WEST
NAPLES FL 33964**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/07/1994

4. FEI Number

Applied For

65-0489266

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 § 199.032
Florida Statutes. Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARDS, D M
LJ DOLAN & ASSOCIATES, CPA
1805-E CR 951
NAPLES FL 33999**

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 607.0501 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 of President, Secretary, Treasurer, or Director)

(Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PRESIDENT
LONNIE R TAYLOR
570 11TH ST. SW
NAPLES FL 33964**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

17 TITLE
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

29 TITLE
30 NAME
31 STREET ADDRESS
32 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

35 TITLE
36 NAME
37 STREET ADDRESS
38 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

Change Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and is true, not equally for the assumptions stated in Sections 199.032, Florida Statutes. I further certify that the information indicated on this report is true or supplemented with true information and is complete 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, as provided to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an attachment to this report.

SIGNATURE:

(Signature of Officer or Director)

2-10-95 (813) 455-0643