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

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 FEB 14 PM 4:31

DOCUMENT # **P94000025620 (3)**

1. Corporation Name
**STATE CARPET INSTALLERS, INC.**

Principal Place of Business
% ESTHER R. TREESE
7935 EDGELAKE DRIVE
ORLANDO FL 32822

Mailing Address
% ESTHER R. TREESE
7935 EDGELAKE DRIVE
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1994
3a. Date of Last Report:

2. Principal Place of Business
21 State Carpet Installers Inc
Suite, Apt. #, etc.: 22 6121 Cyril Avenue
City & State: 23 Orlando FLA
Zip: 24 32809 County: 25 Orange

2a. Mailing Address
26 State Carpet Installers Inc
Suite, Apt. #, etc.: 27 P.O. Box 592386
City & State: 28 Orlando FLA
Zip: 29 32809 Country: 30 Orange

4. FEI Number: 59-3235589 ☐ 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

TREESE, ESTHER R
7935 EDGELAKE DRIVE
ORLANDO FL 32822

STATE CARPET INSTALLERS, INC.
P. O. Box 592386
Orlando, Florida 32809
(407) 856-4048

10. Name and Address of New Registered Agent

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: (If changing Registered Agent, Registered Agent's signature required in order to change) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 01 TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| 02 NAME | TREESE, ESTHER R | 12 NAME | |
| 03 STREET ADDRESS | ~~7935 EDGELAKE DRIVE~~ | 13 STREET ADDRESS | |
| 04 CITY-ST-ZIP | ~~ORLANDO FL 32822~~ | 14 CITY-ST-ZIP | |
| 05 TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| 06 NAME | | 22 NAME | |
| 07 STREET ADDRESS | | 23 STREET ADDRESS | |
| 08 CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| 09 TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| 10 NAME | | 32 NAME | |
| 11 STREET ADDRESS | | 33 STREET ADDRESS | |
| 12 CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| 13 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| 14 NAME | | 42 NAME | |
| 15 STREET ADDRESS | | 43 STREET ADDRESS | |
| 16 CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| 17 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| 18 NAME | | 52 NAME | |
| 19 STREET ADDRESS | | 53 STREET ADDRESS | |
| 20 CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| 61 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | | 64 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)(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:** Esther R. Treese 2/1 1995 956-4048
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Esther R. Treese - PRESIDENT

0062442 CP