

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 # P94000025620 (3)

1. Corporation Name

STATE CARPET INSTALLERS, INC.



Principal Place of Business

6121 CYRIL AVE.
ORLANDO FL 32809
US

Mailing Address

P.O. BOX 592386
ORLANDO FL 32809
US

3. Date Incorporated or Qualified

03/31/1994

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 6121 CYRIL AVE
Suite, Apt. #, etc.

26 P.O. Box 592386
Suite, Apt. #, etc.

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

22 City & State

23 ORLANDO FLA 32809

27 City & State

28 ORLANDO

24 32809

25 ORANGE

29 32809

30 ORANGE

9. Name and Address of Current Registered Agent

TREESE, ESTHER
7935 EDGELAKE DR.
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name ~~DAVID WALKER SR.~~ DAVID WALKER SR.

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

83 ORLANDO, FLA, 6210 LEE LAN DR

84 City ~~ORLANDO~~ FL 32809

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 DAVID WALKER SR.

David Walker Jr.

2/2/96

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TREESE, ESTHER R	
STREET ADDRESS	7935 EDGELAKE DRIVE	
CITY - ST - ZIP	ORLANDO FL 32822	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FERRY, MICHAEL	
STREET ADDRESS	2226 BLOSSOM TERRACE	
CITY - ST - ZIP	ORLANDO FL 32839	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEIMER, LESLEE E	
STREET ADDRESS	116 E. CONCORD ST.	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALKER, DAVID	
STREET ADDRESS	5307 HANSEL AVE	
CITY - ST - ZIP	ORLANDO FL 32809	
TITLE	WOODRUM GARY	<input checked="" type="checkbox"/> DELETE
NAME	3040 WOODRUM AVE	
STREET ADDRESS	ORLANDO, FLA 32809	
CITY - ST - ZIP	ORLANDO, FLA 32809	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVID WALKER JR.	
STREET ADDRESS	6210 LEE LAN DR.	
CITY - ST - ZIP	ORLANDO FLA 32809	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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***200.00

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: *David Walker Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

407-856-4048

Daytime Phone #

CR2E034 (12/95)