

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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA..

DOCUMENT # *ALL ABOUT FLOORS, INC.*

1. Corporation Name

P94X00024Y20

Principal Place of Business

*2147 PORTER LAKE DR A1
SARASOTA, FL 34240*

Mailing Address

*2147 PORTER LAKE DR A1
SARASOTA, FL 34240*

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

4-18-94

4. FEI Number

Applied For

Not Applicable

650500996

5. Certificate of Status Sired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

21 Suite, Apt. #, etc.

22 City & State

22 City & State

23 Zip

23 Country

23 Zip

23 Country

24

25

24

25

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*DAULT, KATHY
2147 PORTER LAKE DR.
Suite A1
SARASOTA, FL 34240*

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *VP*
NAME *DAULT KATHY*
STREET ADDRESS *2040 UPTON ST*
CITY - ST - ZIP *SARASOTA, FL*

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE *VP*
NAME *DAULT SANDY*
STREET ADDRESS *3436 ALAMO DR*
CITY - ST - ZIP *SARASOTA, FL*

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

400001526704
-06/29/95--01027-015
****200.00 ***200.00*

TITLE *VP*
NAME *HENDRICKSEN, CINDY*
STREET ADDRESS *2053 UTICA DR*
CITY - ST - ZIP *SARASOTA, FL*

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

REMITTED BY MAY 1

CH

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cynthia M. Hendrickson Pres.

Date

5-22-95

Signature