

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000034284 (7)

1. Corporation Name

FLOOR DEPOT, INC.



Principal Place of Business

Mailing Address

**2300 BEE RIDGE RD
COLONADE SHOPPING CENTER SUITE 302
SARASOTA FL 34239**

**2300 BEE RIDGE RD
COLONADE SHOPPING CENTER SUITE 302
SARASOTA FL 34239**

3. Date Incorporated or Qualified
05/06/1994

3a. Date of Last Report
07/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **4114 South Tamiami Trail**

26 **4114 South Tamiami Trail**

4. FEI Number

65-0487466

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Sarasota, Florida**

28 **Sarasota, Florida**

24 Zip

Country

25 **Sarasota**

Zip

Country

29 **34231** 30 **Sarasota**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDRICKSON, GUY M.
2300 BEE RIDGE ROAD
SUITE 302
SARASOTA FL 34239**

81 Name
Same

82 Street Address (P.O. Box Number is Not Acceptable)
4114 South Tamiami Trail

83

84 City
Sarasota

FL 85 Zip Code
34231

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Registered Agent (must be signed by the Registered Agent)

Signature of Registered Agent (must be signed by the Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P HENDRICKSON, GUY M.**
STREET ADDRESS **2300 BEE RIDGE ROAD SUITE 302**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **same**
1.3 STREET ADDRESS **4114 South Tamiami Trail**
1.4 CITY-ST-ZIP **Sarasota, Florida 34231**

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

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy M. Hendrickson

15 May 96

(941) 924-1996

CR2E034 (12/95)