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 #

SIGNATURE:

P94000041126 (1)

G.T. FLOORING SUPPLIES, INC.					
Principal Place of Business 1365 BENNETT DR. UNIT 109 10 \ LONGWOOD FL 32750		Mailing Address 1365 BENNETT DR. UNIT 169 もんし LONGWOOD FL 32750		E DEDINOON AND ACTAEN DIDNA BOARD REFAIR BOARD BEADD HARDE HIGHE HIGHE HIGHE HIGHE HIGHE HIGHE HIGHE HIGHE 	
				3. Date Incorporated or Qualified 06/01/1994	3a. Date of Last Report 06/30/1995
2. Principal Place	se of Business SBERNEH Dr.	2a. Mailing Address Re	nnett Dr.	4. FEI Number 69-0705376	Applied For Not Applicable
Suite, Apt. #,	101 from	Suite, Apt #, etc.	101	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Gity & State	wood FL	City & State 28 LONGW(od FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
4] 3 30°	50 Country 25	5050 € E	Country 30		s ∐No
	9. Name and Address of Curren	t Hegistered Agent		10. Name and Address of New I	Registered Agent
1365 Be Unit 19	R, GREGORY K ENNETT DRIVE 9 101 OOD FL 32750		82 Street Addr	Taxor, Grego ess (P) Box Number is, Not Acepta Experience 17 101	Die) Y K.
11. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above-named corpora	n bull 03 & ation somitis this statement for the pu	FL 85 Zip Code 3 3 7 5 0 urpose of changing its registered office
or respective	d agent, or both, in the State of Florid , and accept the obligations of, Secti	M GUUT CHANCE WAS AUTHORZE	d by the corporation's boar	d of directors. Thereby accept the app	xintment as registered agent. I am
SIGNATURE					
55, 1 2 .	g at inclipped depended name of regionsed agent a OF FICEAS AND		t: Flagistered Agent signature required		DATE
ng:	D OFFIGERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
AME	TAYLOR, GREGORY K		1 2 NAME		Change
THEFT ADDRESS	2607 DAYBREEZE COURT		1.3 STREET ADORESS		
P 4 - \$1 - ZIP	ORLANDO FL 32839		1.4 CHY-ST-ZIP		
DH		☐ DELETE	2 1 TULE		Change Addition
AME			2 2 NAME		
BRELLADDS: S5			23 STREET ADDRESS		
(1Y - 51 - 70F			2 4 CiTy - ST - ZiP		
4t:		DELETE	3 1 TITLE		Change Addition
AME No. 4 f 4 f 500 for			3 2 NAME		
TEGET ADDRESS			3.3 STREET ADDRESS		
HTY ST ZIF		□ DELETE	3 4 CITY - ST - ZIP 4 1 TITLE		
AMI,		_ bett it	4 2 NAME		☐ Change ☐ Addition
TREET ADDRESS			4 3 STHEET ADDRESS		
1) - \$1 - Z-P					
TLF		DELETE	44 C-TY - ST - ZIP 5 1 TULE		☐ Change ☐ Addition
ćΛ:		_	5.2 NAME		FT com/Ac FT MOURON
HELL ADDRESS			5.3 STREET ADDRESS		
015 - ST ZIF			5 4 CITY-ST-ZIP		
īlf		[] DELETE	6. 1 TITLE		☐ Change ☐ Addition
AME .			6.2 NAME		
THEE! AUDRESS			6.3 STREET ADDRESS		
119 - S1 - Z12			64 CHY-ST-ZIF		
oath that La	io inium ration i indicaled on this armo-	ii report or supplemental annua ation or the receiver or trustee	s report is true and accurate empowered to execute this	r the exemption stated in Section 119. e and that my signature shall have the report as required by Chapter 607, Fi	sama lagal affact on if mandad

Gregory K. Tuylor 3/1/96 407 830-0222