

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 # **P94000060257 (0)**

1. Corporation Name
ELEGANCE IN FLOORS INC.



Principal Place of Business

**7417 ALBANY ROAD
FORT MYERS FL 33912**

Mailing Address

**7417 ALBANY ROAD
FORT MYERS FL 33912**

3. Date Incorporated or Qualified
08/16/1994

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

21 **7417 ALBANY RD**

Suite, Apt. #, etc.

2a. Mailing Address

26 **7417 ALBANY RD**

Suite, Apt. #, etc.

22 City & State

23 **FT. MYERS FL**

Zip Country

24 **33912 LEE**

27 City & State

28 **FT. MYERS FL**

Zip Country

29 **33912 LEE**

30 **LEE**

4. FEI Number
NOT APPLICABLE

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

**SHAW, THOMAS W
7417 ALBANY ROAD
FORT MYERS FL 33912**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

2/15/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**OP SHAW, THOMAS W
7417 ALBANY RD.
FT. MYERS FL 33912**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
N/A

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
N/A

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
N/A

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
N/A

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
N/A

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

N/A

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

N/A

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

N/A

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

N/A

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

N/A

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

N/A

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS W. SHAW

4/2/96

813 267-1974

Date

Daytime Phone #

CR2E034 (12/95)