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 APR 26 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000061227 (2)**

1. Corporation Name
FEENEY FLOORING INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
809 SW MCCRACKEN AVE PORT ST LUCIE FL 34953	809 SW MCCRACKEN AVE PORT ST LUCIE FL 34953

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3219 S.W Port st Lucie Blvd	26 3219 S.W Port st Lucie Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Port St Lucie, Florida	28 City & State: Port St Lucie, Florida
24 Zip: 34953 25 Country: America	29 Zip: 34953 30 Country: America

4. FEI Number: 65-0506205 ☐ 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	10. Name and Address of New Registered Agent
FEENEY, ANTHONY 809 SW MCCRACKEN AVE PORT ST LUCIE FL 34953	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: Jana Feeney Pres., Treas. DATE: 04/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Vice President Secretary	☐ Change ☐ Addition
NAME	FEENEY, MARINA	12 NAME		
STREET ADDRESS	809 SW MCCRACKEN AVE	13 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34953	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	President / Treasurer	☐ Change ☐ Addition
NAME	FEENEY, ANTHONY	22 NAME		
STREET ADDRESS	809 SW MCCRACKEN AVE	23 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34953	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Anthony Feeney Anthony Feeney (407) 336-6866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483000 FP