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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

M & J CARPET OF AUBURNDALE INC.

Mailino Address

FILED

97 JUN 13 PM 1:19

SECRETARY OF STATE

i ili lotpai i lacci	DI DO 3111003	Walling Place 035						
316 MAIN STREET AUBURNDALE FL 33823		318 MAIN STREET AUBURNDALE FL 33823						
					3. Date incorporated or Qualified 10/04/1994	3a. Date of 08/0	Last R)9/19	
2. Principal Pla 21	ce of Business	2a. Mailing Address 26			4. FEI Number 59-3275216			Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees			
Zip	Country Zip Country 25 29 30				B. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered Ag	ent	
			81	Name				
JORDAN, SANDRA L 119 ARIETTA SHORES			82	82 Street Address (P.Ö. Box Number is Not Acceptable)				
	DALE FL 33823		83					
	•		84	City		FL	85 Zq	n Code
or registere familiar with SIGNATURE	the provisions of Sections 607,0502 d agent, or both, in the State of Florin, and accept the obligations of, Sect	da. Such change was authoriz ion 607.0505, Florida Statutes	red by the corp	oration's boa	ration submits this statement for the puri and of directors. I hereby accept the appoint	oose of chang pintment as rec	ng its r jistered	egistered office Lagent. Lam
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTO	BS IN 12
TITLE			1. 1 TITLE		OOOOO22152101 -06/18/9701092001			Addition
NAME	JORDAN, SANDRA		1.2 NAME	Ì	000002	2167	<u> </u>) = _ 1
STREET ADDRESS	318 MAIN STREET		1.3 STREET ADDRESS		-06/18	/9701	IJ92~	·-UU1
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY - \$1 - ZIP		非非非能	25.UU 3	科学学	225.00
TITLE		DELETE	2. 1 TITLE				Change	Addition
NAME			2.2 NAME	1				l
STREET ADDRESS			23 STHEE	ADDRESS				
CITY-SY-ZIP			24 CITY-5	ST- Z IP				
TITLE		DELETE	3. 1 THTLE				Change	☐ Addition
NAME			3.2 NAME					1
STREET ADDRESS			3.3. STREE	T ADDRESS				
CITY-ST-ZIP			3.4 C(1Y+)	T-ZIP				
TITLE		☐ DELETE	4. 1 TITLE				Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP		CT DELETA	4.4 CHY-3	J-ZIP		Fin		P***
Faure		☐ DELETE	5. 1 TITLE	Į		Ш	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY - !	I-ZIP		——————————————————————————————————————	Change	[] Addition
TITLE		☐ OFFER	6. 1 TITLE				Change	Addition
NAME			6.2 NAME					İ
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	T - 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 logal effect as if made under oath; that I em 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.

TED NAME OF BIGNING OFFICER OR DIRECTOR