

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 11:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000075500 (6)

1. Corporation Name

TRINITY FLOORING, INC.

Principal Place of Business

**8533 NW 21ST CT
CORAL SPRINGS FL 33071**

Mailing Address

**8533 NW 21ST CT
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

165-0526205

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

**HAIRE, BENJAMIN H
5100 W COPANS RD
SUITE 900
MARGATE FL 33063**

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

WOOD, J C "BUZ"

STREET ADDRESS

8533 NW 21ST CT

CITY - ST - ZIP

CORAL SPRINGS FL 33071

TITLE

D

NAME

WOOD, PATRICIA O

STREET ADDRESS

8533 NW 21ST CT

CITY - ST - ZIP

CORAL SPRINGS FL 33071

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

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)(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 affidavit.

SIGNATURE:

J.C. Buz Wood
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

J.C. Buz Wood

4/19/95 345-977-0223
DATE TELEPHONE #