

FILE NOW: FILING FEE AFTER MAY 4 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
Sandra B. Montemayor
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:15

DOCUMENT # P94000077806 (5)

1. Corporation Name

R & B CARPET SERVICE CO.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**10325 GREENHOUSE ROAD
PEMBROKE PINES FL 33026**

Mailing Address

**10325 GREENHOUSE ROAD
PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/21/1994

3a. Date of Last Report
N/A

4. FEI Number

65-0526111

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOHERTY, ROBERT
10325 GREENHOUSE ROAD
PEMBROKE PINES FL 33026**

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 fee if applicable

Signature typed or printed name of new registered agent and fee if applicable

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **DOHERTY, ROBERT**
STREET ADDRESS **10325 GREENHOUSE ROAD**
CITY, ST, ZIP **PEMBROKE PINES FL 33026**

11 TITLE ☐ Change ☐ Addition

TITLE **DV**
NAME **RUEBEL, ROBERT**
STREET ADDRESS **10325 GREENHOUSE ROAD**
CITY, ST, ZIP **PEMBROKE PINES FL 33026**

12 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14 CITY, ST, ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

15 CITY, ST, ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

16 CITY, ST, ZIP ☐ Change ☐ Addition

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 110.07(3)(b), 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 appearing in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X**

Robert Doherty
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4-25-95

305-435-5274

Date

Telephone #