

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

ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 4:28

DOCUMENT # P94000081494 (4)

1. Corporation Name

CAROL'S INTERIORS & FLOORS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6410 SUNCOAST BLVD
HOMOSASSA SPRINGS FL 34446

Mailing Address

P O BOX 967
HOMOSASSA SPRINGS FL 34447

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/04/1994

3a. Date of Last Report

N.A.

4. FEI Number

59-3281470

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

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

HEDGE, THOMAS E
6410 SUNCOAST BLVD
HOMOSASSA FL 34446

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 of Registered Agent or Person Authorized to Apply)

(NOTE: Registered Agent Signature Required when Transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE		1.1 TITLE	President ☐ Change ☒ Addition
2. NAME		1.2 NAME	Thomas E. Hedge
3. STREET ADDRESS		1.3 STREET ADDRESS	3850 South Cedar Terr.
4. CITY - ST - ZIP		1.4 CITY - ST - ZIP	Homosassa Springs, FL-34447 ☐ Change ☒ Addition
5. TITLE		2.1 TITLE	Secretary/Treasurer ☐ Change ☒ Addition
6. NAME		2.2 NAME	Carol A. Hedge
7. STREET ADDRESS		2.3 STREET ADDRESS	3850 South Cedar Terr.
8. CITY - ST - ZIP		2.4 CITY - ST - ZIP	Homosassa Springs, FL-34447 ☐ Change ☐ Addition
9. TITLE		3.1 TITLE	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY - ST - ZIP		3.4 CITY - ST - ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY - ST - ZIP		4.4 CITY - ST - ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY - ST - ZIP		5.4 CITY - ST - ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated in 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. I am an officer or director of the corporation, or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 13 of this report. (Signature of Registered Agent or Person Authorized to Apply)

SIGNATURE:

Thomas E. Hedge

President

2/27/95

904-628-2861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number