

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

CORPORATION
ANNUAL REPORT
1995



REPUBLIC OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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DOCUMENT # **P94000091038 (7)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BARNES FLOOR COVERING, INC.

Principal Office Address		Mailing Address	
801-A BEVERLY PKWY PENSACOLA FL 32505-2406		801-A BEVERLY PKWY PENSACOLA FL 32505-2406	

1. Date of Incorporation/Reincorporation 12/16/1994	2a. Date of Last Report
2. Principal Office Address	2b. Mailing Address
21. State-App # of	26. State-App # of
22. City & State	27. City & State
23. State-App # of	28. State-App # of
24. State-App # of	29. State-App # of
25. State-App # of	30. State-App # of

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STURGEN, WILLIAM M JR. 2253 COUNTRY PLACE CIR PENSACOLA FL 32534-0501		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. State	FL

11. Pursuant to the provisions of section 607.01, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of incorporation to be 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 a natural person and the individual named herein. (Indicate "Yes" or "No")

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
NAME	D BARNES, FRED S JR. 312 BOOTH AVE CANTONMENT FL 32533	1. NAME	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BARNES, PAMELA S 312 BOOTH AVE CANTONMENT FL 32533	2. NAME	D/VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I certify that the information supplied with this filing is voluntarily prepared and does not apply for the exemption stipulated in section 607.01, Florida Statutes. I further certify that the information indicates that the annual report or biennial report of the corporation shall be in the State of Florida. I am a natural person and the individual named herein. (Indicate "Yes" or "No")

SIGNATURE: *William M. Sturgen* DATE: **4/26/95** (904) **438-0068**