

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001285 (2)

1. Corporation Name

UNIVERSITY CARPET AND CERAMIC TILE, INC.



Principal Place of Business

3212 25TH ST SW
LEHIGH ACRES FL 33971

Mailing Address

3212 25TH ST SW
LEHIGH ACRES FL 33971

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

HILLS, KENNETH
3212 25TH ST SW
LEHIGH ACRES FL 33971

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 607.0902 and 607.1608, 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 607.0903, Florida Statutes.

SIGNATURE

Signature of the person who signed this statement

Signature of the person who signed this statement

Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HILLS, KENNETH	
STREET ADDRESS	3212 25TH ST SW	
CITY-STATE-ZIP	LEHIGH ACRES FL 33971	
TITLE	D	☒ DELETE
NAME	SAYERS, DANIEL	
STREET ADDRESS	3212 25TH ST SW	
CITY-STATE-ZIP	LEHIGH ACRES FL 33971	
TITLE	D	☐ DELETE
NAME	LATHER, RUSSELL	
STREET ADDRESS	3212 25TH ST SW	
CITY-STATE-ZIP	LEHIGH ACRES FL 33971	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P/S/T/D	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		☐ Change ☐ Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		☒ Change ☐ Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		☐ Change ☐ Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		☐ Change ☐ Addition
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(2)(d), 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/96 741 368 3895
Original Filing #

CR2E034 (12/95)