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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000010949 (2)

1. Corporation Name

KEYSTONE FLOORING, INC.

Principal Place of Business

8056 HESKETT LANE
KEYSTONE HEIGHTS FL 32656

Mailing Address

5056 HESKETT LANE
KEYSTONE HEIGHTS FL 32656-8573



3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3295006

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CAMPLESI, JACK G.
5056 HESKETT LANE
101 LAWRENCE BOULEVARD
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name

Camplesi, Jack G

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

5056 Heskett Lane

83

260 S. Lawrence Blvd

84

City
Keystone Heights

FL

85

Zip Code

32656

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CAMPLESI, JACK G
STREET ADDRESS 5056 HESKETT LANE
CITY-ST-ZIP KEYSTONE HEIGHTS FL

TITLE V ☐ DELETE

NAME LYNCH, WILLIAM
STREET ADDRESS PO BOX 834
CITY-ST-ZIP KEYSTONE HEIGHTS FL

TITLE V ☒ DELETE

NAME TURNER, P.A.
STREET ADDRESS 2801 NW 23RD BLVD #248
CITY-ST-ZIP GAINESVILLE F

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME Pheil, Walter III
1.3 STREET ADDRESS PO Box 531 N/A
1.4 CITY-ST-ZIP EARLETON FL 32631

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/25/97

852-473-7888

CR2E034 (9/96)