SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000039641 (2)

1. Corporation Name

D & B FLOOR COVERING, INC.

Principal Place of Business	Mailing Address
12870 HIGHWAY 92 EAST DOVER FL 33529	12870 HIGHWAY 92 EAST DOVER FL 33529

3. Date Incorporated or Qualified: 05/18/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2022 Whispering SAND CT	26 P.O. Box 42
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Dover FL	City & State 28 Valrico, FL
Zip 24 33527 Country 25 Hills.	Zip 29 33595 Country 30 Hills.

4. FEI Number: 65-0577706 ☐ 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

9. Name and Address of Current Registered Agent

MCLOUD, DAVID
12870 HIGHWAY 92 EAST
DOVER FL 33529

10. Name and Address of New Registered Agent

81 Name: McLoud, David
82 Street Address (P.O. Box Number is Not Acceptable): 2022 Whispering Sand Ct
83
84 City: Dover **FL** 85 Zip Code: 33527

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 David McLoud (signature) 7-12-96
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		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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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	President	☐ Change ☐ Addition
1 2 NAME	Beverly McLoud	
1 3 STREET ADDRESS	2022 Whispering Sand Ct	
1 4 CITY-ST-ZIP	Dover FL 33527	
2 1 TITLE	Tresurer	☐ Change ☐ Addition
2 2 NAME	David McLoud	
2 3 STREET ADDRESS	2022 Whispering Sand Ct	
2 4 CITY-ST-ZIP	Dover FL 33527	
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		

CR2E034 (3/96)

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 119.07(3)(k), 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) David McLoud 7-6-95 813-651-6502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #