PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000040684**

1. Corporation Name

T & C FLOORING, INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90113 019 ***150.00



Principal Place	of Business	Mailing Address			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1917 S.W. 67TH	1917 S.W. 67TH AVE.								
POMPANO BEAG	CH FL 33068	POMPANO BEACH FL 33068			DO NOT WOLFE IN THE COACE				
US US			-			DO NOT WRITE IN THIS SPACE			
ļ	:				 Date Incorporated or Qualifed 05/22/1995 				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		A _!	pplied For	
21 26					65-0581674		N ₁	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
27					5. Certificate of otatos besited		Fee R	equired	
City & State City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added	to Fees	
Zip Country		Zip Country		8. This corporation owes the curre	nt year Intan	gible			
24	25 29 30				Personal Property Tax. ☐ Yes MNo				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Ro	gistered Ag	gent		
			81	Name	•				
SNOW, CHARLES E			82	Street Art	Street Address (P.O. Box Number is Not Acceptable)				
	S.W. 67TH AVE		"	Siledi Ad	uless (1 .O. Box (40))bor to the thooping	,		}	
POM	PANO BEACH FL 33068		83						
	,		84	City		FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	ne abov	e-named co	rporation submits this statement for the p	urpose of ch	nanging its	s registered	
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was author	rized by	the corpora	tion's board of directors. I hereby accept	the appoint	ment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	stered Age	nt signature regu	uired when reinstating)	DATE			
12.	· OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12	
TITLE	D		1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change		
NAME	SNOW, CHARLES E		1.2 NAME					ļ	
STREET ADDRESS	1917 S.W. 67TH AVE			T ADDRESS					
	POMPANO BEACH FL 33068		1.4 CITY-S						
CITY-ST-ZIP	D		2.1 TITLE	11-21	CALLET VI		☐ Change	Addition	
	CARUSO, TINA M	_ :	2.2 NAME			,	_ •	_	
NAME	1917 S.W. 67TH AVE		-	T + DDDC00					
STREET ADDRESS				TADDRESS	-				
CITY-ST-ZIP	POMPANO BEACH FL 33068		2."4 CITY-S	ST-ZIP-		-	Change	Addition	
TITLE	•	_	3.1 TITLE			-	C. C. Milgo		
NAME			3.2 NAME						
STREET ADDRESS				TADORESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			["] Chanca	☐ Addition	
TITLE			4.1 TITLE	ĺ			Change	☐ Addition	
NAME			4. 2 NAME	}				ļ	
STREET ADDRESS			4.3 STREE	TADDRESS				ļ	
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP	-3	:			
TITLE			5.1 TITLE	1			Change	Addition \	
NAME			5.2 NAME						
STREET ADDRESS	·		5.3 STREE	TADORESS					
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME			6.2 NAME						
([and the same of th		6.3 STREE	TADDRESS					
STREET ADDRESS	经验的条件的 是一种的		6.4 CITY-S						
CITY-ST-ZIP	Printer Wilder To		+.4 OIT 1*0						

14. I 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, with all other like empowered.

SIGNATURE: