

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 # P95000054301 (3)

1. Corporation Name

ANCHOR FLOOR COVERING, INC.



Principal Place of Business

Mailing Address

11350 METRO PARKWAY
UNIT 112
FORT MYERS FL 33912

11350 METRO PARKWAY
UNIT 112
FORT MYERS FL 33912

3. Date Incorporated or Qualified

3a. Date of Last Report

07/13/1995

2. Principal Place of Business

2a. Mailing Address

21 12701 Metro Pkway

26 12701 Metro Pkway

4. FEI Number

Applied For

Not Applicable

65-0597612

22 Unit B

27 Unit B

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Fort Myers, FL

28 Fort Myers, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33912

25 USA

29 33912

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIMSON, THOMAS
11350 METRO PARKWAY
UNIT 112
FORT MYERS FL 33912

81 Name

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

12701 Metro Parkway

83 Unit B

84 City
Fort Myers

85 Zip Code
FL 33912

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 of officer or director of corporation and of registered agent and of applicable

(to be Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TIMSON, THOMAS
1508 N.E. 11TH STREET
CAPE CORAL FL 33909

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CLARK, RON
11350 METRO PARKWAY, UNIT 112
FORT MYERS FL 33912

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
XX Change Addition
12701 Metro Parkway Unit B
Fort Myers, FL 33912

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Thomas Timson

June 11, 1996 941-561-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)