## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

14. I hereby certify that the infrindicated on this annual

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000054755 (0)

**BUILDERS CARPET OUTLET, INC.** Principal Place of Business Mailing Address 11400 CLEVELAND AVENUE 11400 CLEVELAND AVENUE FT. MYERS FL 33907 FT. MYERS FL 33907 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 07/13/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0663244 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **EDWARD J. VODILA** 11400 CLEVELAND AVENUE Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33907 63 84 City Zip Code 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 against and litin if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE 1.1 TITLE Change Addition VODILA. EDWARD J. NAME 11400 CLEVELAND AVENUE 1.3 STREET ADDRESS STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition 21 TITLE TITLE HALSTEAD, TIMOTHY J. 2.2 NAME NAME 11400 CLEVELAND AVENUE STREET ADDRESS 2.3 STREET ADDRESS FT.MYERS FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TOTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP Change Addition DELETE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6 3 STREET ADORESS

6.4 CITY-ST-ZIP

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 purpliomental 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 in or the receiver or truston empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attachnical without address.