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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056859 (8)

A & G FLOOR COVERING, INC.

Principal Place of Business		Mailing Address		L tenunke tie thin mitte bille botte meit blief bei	in mian ikini dista sase sakt
4801 FOWLER ST 4801 FOWLER ST				+ .	
FT MYERS FL 33907 FT MYERS FL 33907				DO NOT WRITE IN THIS SPACE	
[3. Date Incorporated or Qualified	
			·	07/21/1995	
		2a, Mailing Address		4, FEI Number 59 200341 65-0606258	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
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 or has paid the cu	
24	25 9. Name and Address of Curre		10	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
DA	LEIGH, BRADLEY		81 Name	10.	7-19-11
4601 FOWLER ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FT MYERS FL 33907			, 02 3(198) 700	1665 (F.O. DOX NUMBER IS NOT ACCEPTABLE)	
, ,			63		
			84 City		85 Zip Code
	T			FL	-
office or r agent. I a SIGNATURE	egistered agent, or both, in the State (Manilliar with an exacept the oblining state of the stat	enti-	thorized by the corporal da Statutes. Registered Agent signature requi	poration submits this statement for the purpose of tion's board of directors. I hereby accept the application when reinstating) DATE	oointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	RALEIGH, BRADLEY		1.2 NAME		
STREET ADDRESS	205 SW 8 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33991	DELETE	1.4 CiTY-ST-ZIP		Change Addition
NAME	D Raleigh, Ruth	L.) DECETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	205 SW 8 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33991		2. 4 CITY - ST - ZIP	• .	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ľ
CITY-ST-ZIP	-		3.4. CFTY - ST - ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ AddItion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
I NAME I			6 2 NAME		

4. Thereby 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 chapter 607 and that my name appears in Block 12 or Block 13 if chapter 607.

6.3 STREET ADDRESS

SIGNATURE: Ruth Kaleigh KOTH

STREET ADDRESS

CITY-ST-2IP

2/25/98 (941)939-1847

FILED

Mar 02 1998 8:00am

Secretary of State