

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000058216 (9)**

1. Corporation Name:

RITZ CARPET CARE, INC.



Principal Place of Business

Mailing Address

6905 N. COUNTRY ROAD 427
SANFORD FL 32773

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SANFORD FL 32773

3. Date Incorporated or Qualified

3a. Date of Last Report

07/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

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9. Name and Address of Current Registered Agent

4. FEE Number

Applied For
Not Applicable

59.3329436

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

10. Name and Address of New Registered Agent

TROXEL, WAYNE
1090 VINELAND ROAD
WINTER GARDEN FL 34787

81 Name: Troxel, WAYNE
82 Street Address (P.O. Box Number is Not Acceptable): 6905 N. CR 427
83 City: Sanford FL 32773
84 City: Sanford FL 32773
85 Zip Code: FL

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

WAYNE G. Troxel

Wayne G. Troxel

2-1-96

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	TROXEL, WAYNE G	
STREET ADDRESS	1090 VINELAND ROAD	
CITY-STATE-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TROXEL, PATRICIA L	
STREET ADDRESS	1090 VINELAND ROAD	
CITY-STATE-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Troxel WAYNE G.	
13. STREET ADDRESS	6905 N. CR 427	
14. CITY-STATE-ZIP	SANFORD, FL 32773	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Troxel, Patricia L	
23. STREET ADDRESS	6905 N. CR 427	
24. CITY-STATE-ZIP	SANFORD, FL 32773	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. NAME		
34. STREET ADDRESS		
35. CITY-STATE-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-ZIP		

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: Wayne G. Troxel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 1-800-5378196
DATE DAYTIME PHONE

CR2E034 (12/95)