

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000077696 (9)

1. Corporation Name

NUCKLES FLOORING COMPANY, INC.



Principal Place of Business

1241 OLD OKEECHOBEE RD., #5
WEST PALM BEACH FL 33401

Mailing Address

PO BOX 1514
WEST PALM BEACH FL 33402-1514

2. Principal Place of Business

21 1125 Clare Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 1125 Clare Avenue
Suite, Apt. #, etc.

City & State

23 West Palm Beach, FL

Zip

24 33401

Country

25 Palm Beach

City & State

28 West Palm Beach, FL

Zip

29 33401

Country

30 Palm Beach

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

02/27/1996

4. FEI Number

65-0621818

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

NUCKLES, SARAH B
524 CLAREMORE DR.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Jarrett S. Nuckles

82

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

1125 Clare Avenue

83

84 City

West Palm Beach, FL

85

Zip Code

33401

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

Jarrett S. Nuckles

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 22, 1997

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒

Change

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Addition

212-C South Main Street
Clover, S. C. 29710

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Change

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Addition

212-C South Main Street
Clover, S. C. 29710

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Change

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Addition

212-C South Main Street
Clover, S. C. 29710

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Addition

14. I do 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.

CR2E034 (9/96)