

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90051 016 \*\*\*150.00

DOCUMENT # P95000094186

1. Corporation Name

J.L. HARDWOOD FLOORS, INC.

Principal Place of Business

~~1722 W HENRY AVE~~  
~~TAMPA FL 33603-1410~~

Mailing Address

~~1722 W HENRY AVE~~  
~~TAMPA FL 33603-1410~~

2. Principal Place of Business

21 7110 Edgewood Place

Suite, Apt. #, etc.

22 City & State

23 TAMPA FL

24 Zip

33615

25 Country

Hillsborough

2a. Mailing Address

26 7110 Edgewood Place

Suite, Apt. #, etc.

27 City & State

28 TAMPA FL

29 Zip

33615

30 Country

Hillsborough

9. Name and Address of Current Registered Agent

DUBALDI, MICHAEL J  
4949 MARBRISA DRIVE  
SUITE 1405  
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1995

4. FEI Number

59-3360241

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LOPEZ, JOSEPH A  
STREET ADDRESS 1722 W. HENRY AVENUE  
CITY-ST-ZIP TAMPA FL 33603

TITLE VP ☐ DELETE

NAME ALVAREZ, MOISES F  
STREET ADDRESS 6225 N. DALE MABRY HWY.  
CITY-ST-ZIP TAMPA FL 33614

TITLE ST ☐ DELETE

NAME LOPEZ, JENNY  
STREET ADDRESS 1722 W. HENRY AVENUE  
CITY-ST-ZIP TAMPA FL 33603

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

813/885-4080

Daytime Phone #

CR2E034 (11/98)